

CLIENT INTERVIEW SHEET

Date: \_\_\_\_\_

Please complete this questionnaire. You should answer all questions relevant to your case. If a question does not apply to your particular situation, please indicate by marking the question "N/A."

Your responses to these questions will help to organize your case and will save you money on attorney's fees in trying to gather and assemble information after the case is in progress.

Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege.

1. Please give your full name, date and place of birth, and Social Security number.

a. Name: \_\_\_\_\_

b. Maiden Name (if applicable): \_\_\_\_\_

c. Date of birth: \_\_\_\_\_

d. Place of birth: \_\_\_\_\_

e. Social Security Number: \_\_\_\_\_

f. Driver's License Number: \_\_\_\_\_

2. Where are you living now?

a. Address: \_\_\_\_\_

b. City, State, Zip: \_\_\_\_\_

3. Please provide residence and cellular telephone numbers where we may contact you:

\_\_\_\_\_  
\_\_\_\_\_

Please provide a safe email address: \_\_\_\_\_

4. At what mailing address, phone number(s), and email address do you wish to correspond with this office?

\_\_\_\_\_

5. How long have you lived in Texas? \_\_\_\_\_

6. What county do you reside in? \_\_\_\_\_

7. How long have you resided in that county? \_\_\_\_\_

8. Please complete the following concerning your employment.

a. Employer: \_\_\_\_\_

b. Job Title: \_\_\_\_\_

c. Street Address: \_\_\_\_\_

d. City, State, Zip: \_\_\_\_\_

e. Telephone number: \_\_\_\_\_

f. Gross salary per month or annually: \$ \_\_\_\_\_

g. Length of employment: \_\_\_\_\_

h. Education: \_\_\_\_\_

9. If there is another individual in which you authorize this office to discuss your case with, please provide their name and telephone number:

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

10. Please give opposing party's full name, date and place of birth, and Social Security number.

a. Name: \_\_\_\_\_

b. Date of birth: \_\_\_\_\_

c. Place of birth: \_\_\_\_\_

d. Social Security Number: \_\_\_\_\_

e. Driver's License Number: \_\_\_\_\_

11. Where is opposing party living and what is opposing party's telephone number?

a. Address: \_\_\_\_\_

b. City, State, Zip: \_\_\_\_\_

c. Residence telephone number: \_\_\_\_\_

12. Complete the following concerning opposing party's employment.

a. Employer: \_\_\_\_\_

b. Job Title: \_\_\_\_\_

c. Street Address: \_\_\_\_\_

d. City, State, Zip: \_\_\_\_\_

e. Telephone number: \_\_\_\_\_

f. Opposing party's gross salary per month or annually: \$ \_\_\_\_\_

g. Length of opposing party's employment: \_\_\_\_\_

h. Education of opposing party: \_\_\_\_\_

13. If service is necessary, we will need the following information about opposing party in order to provide service of citation:

Physical Description: \_\_\_\_\_

\_\_\_\_\_

Vehicle Description (include license tag, if known):

\_\_\_\_\_

\_\_\_\_\_

Preferred Location for Service: \_\_\_\_\_ Work \_\_\_\_\_ Residence

Alternate location for Service (if other than work or home):

\_\_\_\_\_

14. Please give the date and place of your marriage (if applicable).
- Date: \_\_\_\_\_
- City, State: \_\_\_\_\_
15. Are you now separated from opposing party? \_\_\_\_\_
- If so, give date of separation. \_\_\_\_\_
16. Does your spouse now have an attorney? \_\_\_\_\_
- If so, who? \_\_\_\_\_
17. Have you or your spouse ever filed for a divorce? \_\_\_\_\_
- If so, when and where? \_\_\_\_\_
18. Please give full name, date and place of birth, sex, Social Security number, and driver's license number of each child of this marriage.
- A. NAME: \_\_\_\_\_ SEX: \_\_\_\_\_
- BIRTHPLACE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_
- DRIVER'S LICENSE NO: \_\_\_\_\_ STATE: \_\_\_\_\_
- SOCIAL SECURITY NUMBER: \_\_\_\_\_
- B. NAME: \_\_\_\_\_ SEX: \_\_\_\_\_
- BIRTHPLACE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_
- DRIVER'S LICENSE NO: \_\_\_\_\_ STATE: \_\_\_\_\_
- SOCIAL SECURITY NUMBER: \_\_\_\_\_
- C. NAME: \_\_\_\_\_ SEX: \_\_\_\_\_
- BIRTHPLACE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_
- DRIVER'S LICENSE NO: \_\_\_\_\_ STATE: \_\_\_\_\_
- SOCIAL SECURITY NUMBER: \_\_\_\_\_

19. Address where children presently reside: \_\_\_\_\_

20. Will there be a dispute over custody of the children: \_\_\_\_\_  
If not, custody will be with whom? \_\_\_\_\_

21. List all property (other than furniture and clothing) owned by the children.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Have you been married before? \_\_\_\_\_  
If so, how many times? \_\_\_\_\_

Do you have children by a previous marriage? \_\_\_\_\_  
If so, give full name, date and place of birth, and sex of each child of your  
previous marriages.

NAME: \_\_\_\_\_ SEX: \_\_\_\_\_

BIRTHPLACE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

DRIVER'S LICENSE NO: \_\_\_\_\_ STATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

B. NAME: \_\_\_\_\_ SEX: \_\_\_\_\_

BIRTHPLACE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

DRIVER'S LICENSE NO: \_\_\_\_\_ STATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

C. NAME: \_\_\_\_\_ SEX: \_\_\_\_\_

BIRTHPLACE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

DRIVER'S LICENSE NO: \_\_\_\_\_ STATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

23. Address where children presently reside:  
\_\_\_\_\_

24. Do you pay/receive child support? \_\_\_\_\_

25. Has opposing party been married before? \_\_\_\_\_  
If so, how many times? \_\_\_\_\_

Does opposing party have children by a previous marriage? \_\_\_\_\_  
If so, give full name, birthdate, and sex of each child of opposing party's previous marriages.

NAME: \_\_\_\_\_ SEX: \_\_\_\_\_

BIRTHPLACE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

DRIVER'S LICENSE NO: \_\_\_\_\_ STATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

B. NAME: \_\_\_\_\_ SEX: \_\_\_\_\_

BIRTHPLACE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

DRIVER'S LICENSE NO: \_\_\_\_\_ STATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

C. NAME: \_\_\_\_\_ SEX: \_\_\_\_\_

BIRTHPLACE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

DRIVER'S LICENSE NO: \_\_\_\_\_ STATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

26. Address where children presently reside:  
\_\_\_\_\_

27. Does opposing party pay/receive child support? \_\_\_\_\_  
If so, how much? \_\_\_\_\_ per \_\_\_\_\_

Referral:

How did you here about our firm?

Internet search? What internet search engine \_\_\_\_\_; \_\_\_\_\_

Website? What website source \_\_\_\_\_; \_\_\_\_\_

Referral? By whom: \_\_\_\_\_

How do you intend to pay for this consultation?

Cash \_\_\_\_\_

Check \_\_\_\_\_

MasterCard/VISA \_\_\_\_\_

Initial Consultation Fees are due at the time of service.

\_\_\_\_\_  
CLIENT SIGNATURE