

## CLIENT INFORMATION

### CLIENT INITIAL INTERVIEW FORM IN ENFORCEMENT

\*\*\*\*PERSONAL AND CONFIDENTIAL\*\*\*\*

Please complete this questionnaire. If you will spend the time to complete all items, you will give us the background information necessary to begin to understand the complexity of the personal aspects of your family law matter. All information will be held in strict confidence. Many of your answers provide information that must be included in court required forms.

1. CLIENT

FULL NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

DOB: \_\_\_\_\_ ORIGINAL SURNAME: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_ DRIVER'S LIC. NO.: \_\_\_\_\_

BIRTHPLACE (STATE OR FOREIGN COUNTRY): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMPLOYER'S NAME & ADDRESS: \_\_\_\_\_

WORK PHONE NO.: \_\_\_\_\_ HOME PHONE NO.: \_\_\_\_\_

FAX NO: \_\_\_\_\_ SPECIFIC FAXING INSTRUCTIONS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HAVE YOU BEEN SERVED WITH A LAWSUIT? \_\_\_\_\_

IF SO, ON WHAT DATE WERE YOU SERVED? \_\_\_\_\_

2. OPPOSING PARTY:

FULL NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

DOB: \_\_\_\_\_ ORIGINAL SURNAME: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_ DRIVER'S LIC. NO.: \_\_\_\_\_



## CLIENT INFORMATION

BIRTHPLACE (STATE OR FOREIGN COUNTRY): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMPLOYER'S NAME & ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

WORK PHONE NO.: \_\_\_\_\_ HOME PHONE NO.: \_\_\_\_\_

IF APPLICABLE PLEASE PROVIDE ANY ADDITIONAL INFORMATION TO ASSIST  
US IN LOCATING AND SERVING THE OPPOSING PARTY WITH THE LAWSUIT:

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

IF OPPOSING PARTY HAS RETAINED COUNSEL, PLEASE PROVIDE NAME OF  
COUNSEL: \_\_\_\_\_

3. CHILD(REN) (that is/are subject(s) of the lawsuit)

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

PLACE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

CURRENT RESIDENCE: \_\_\_\_\_

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

PLACE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

CURRENT RESIDENCE: \_\_\_\_\_

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

PLACE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

CURRENT RESIDENCE: \_\_\_\_\_

## CLIENT INFORMATION

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

PLACE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

CURRENT RESIDENCE: \_\_\_\_\_

4. MISCELLANEOUS INFORMATION:

PLEASE STATE THE NAME(S) OF THE DECREE(S) OR ORDER(S) THAT IS THE SUBJECT OF THE ENFORCEMENT AND THE DATE THAT EACH DECREE OR ORDER WAS ENTERED:

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

PLEASE INDICATE THE TYPE OF ENFORCEMENT BEING SOUGHT:

_____ CUSTODY	_____ CHILD SUPPORT
_____ VISITATION	_____ HEALTH INSURANCE
_____ OTHER	

IF YOU ARE COURT-ORDERED TO PAY CHILD SUPPORT, IS YOUR CHILD SUPPORT CURRENT? AND IF NOT, PLEASE EXPLAIN THE CIRCUMSTANCES:

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

IF YOU ARE AWARDED COURT-ORDERED VISITATION, HAVE YOU BEEN DENIED ACCESS TO YOUR CHILD(REN)? IF SO, PLEASE EXPLAIN THE CIRCUMSTANCES.

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

If you have consulted with another attorney on this matter give that attorney's name:

\_\_\_\_\_

WHO REFERRED YOU TO OUR OFFICE? \_\_\_\_\_

10-11-12

## CLIENT INFORMATION

I UNDERSTAND that a consultation fee of \$\_\_\_\_\_ will be charged.

I ACKNOWLEDGE that a consultation fee will be paid upon my initial consultation.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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### *Practice Note*

*Attach an Alternative Dispute Resolution form to your client interview form so it will already be signed and in your file if you are retained.*

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