

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.: _____

11

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: _____