

CLIENT INFORMATION

CLIENT INITIAL INTERVIEW FORM IN MODIFICATION

****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 MODIFICATION AND THE DATE THAT EACH DECREE OR ORDER WAS ENTERED:

PLEASE INDICATE THE TYPE OF MODIFICATION 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? _____

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: _____

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.
