

JODI HEAD LOPEZ & ASSOCIATES, P.C.

Jodi Head Lopez
Shawn E. Vandenberg
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Grace G. Kunde

CLIENT INTERVIEW SHEET

Date: _____

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 legal problem. All information will be held in strict confidence.

Plaintiff's Name: _____

Date Of Birth: _____

Place Of Birth: _____

Social Security Number: _____

Driver's License Number: _____

If an Entity, who is the primary contact: _____

2. Plaintiff's Address?

Address: _____

City, State, Zip: _____

3. Please give your residence, or business telephone number: _____

Cell Number: _____

E-Mail address: _____

4. If NOT an entity: Please complete the following concerning your employment.

Employer: _____

Job Title: _____

Street Address: _____

City, State, Zip: _____

Telephone Number: _____

Gross salary per month or annually: \$ _____

Length of employment: _____

Education: _____

5. Please give opposing parties' full name, date and place of birth, and Social Security Number.

Name: _____

Date of birth: _____

Place of birth: _____

Social Security Number: _____

Driver's License Number: _____

If an Entity, who is the primary contact: _____

6. Complete the following concerning opposing parties' employment.

Employer: _____

Job Title: _____

Street Address: _____

City, State, Zip: _____

Telephone Number: _____

Please provide some brief background concerning the matter for which you are seeking legal counsel: _____

Who/What referred you to this office? _____

I understand that there will be an initial \$ 150.00, consultation fee regardless of whether I decide to take any legal action or not.
