

JODI HEAD LOPEZ & ASSOCIATES

Jodi Head Lopez
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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.

1. Please give your 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: _____

2. Where are you living now?

Address: _____

City, State, Zip: _____

3. Please give your contact information

Residence telephone number: _____

Cell Number: _____

E-mail Address: _____

4. 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 your spouse's 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: _____

6. Where is your spouse living and what is your spouse's telephone number?

Address: _____

City, State, Zip: _____

Residence telephone number: _____

7. Complete the following concerning your spouse's employment.

Employer: _____

Job Title: _____

Street Address: _____

City, State, Zip: _____

Telephone Number: _____

Spouse's gross salary per month or annually: \$ _____

Length of spouse's employment: _____

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

9. Have you received traffic citations in the past 5 years? _____ Yes _____ No

If yes, please list the dates, locations and reasons for the citations

10. Have you been arrested or convicted of any offense? _____ Yes _____ No

If yes, please list the dates, locations and reasons for the arrests / convictions

11. Please list the names of witness or individuals who have knowledge of your case

12. At what address do you wish to receive mail from this office?

Referral:

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.
