

JODI HEAD LOPEZ & ASSOCIATES P.C.

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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 family law 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 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 the other biological parent'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. What is the other biological parent's contact information?

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Residence telephone number: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

7. Complete the following concerning the other biological parent's employment.

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

The other biological parent's gross salary per month or annually: \$ \_\_\_\_\_

Length of the other biological parent's employment: \_\_\_\_\_

Education of the other biological parent: \_\_\_\_\_

8. Please give full name, date and place of birth, sex, Social Security number, and driver's license number of each child.

1. Name: \_\_\_\_\_

Sex: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's License number: \_\_\_\_\_

2. Name: \_\_\_\_\_

Sex: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's License number: \_\_\_\_\_

3. Name: \_\_\_\_\_

Sex: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's License number: \_\_\_\_\_

9. How are these children covered with medical health insurance? Who is the provider for medical health insurance? \_\_\_\_\_

10. Have you previously modified your custody order? \_\_\_\_\_  
If so, when was the last time the order was modified? \_\_\_\_\_

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

12. Do you pay/receive child support?  
If so, how much? \$\_\_\_\_\_ Per \_\_\_\_\_

Last Will and Testament:

13. Do you have a will? \_\_\_\_\_  
If so, prepared by whom? \_\_\_\_\_

Mail

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

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

Referral:

Who 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.

\_\_\_\_\_