

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

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 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: \_\_\_\_\_

Education of spouse: \_\_\_\_\_

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

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

Last Will and Testament:

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

2. Does your spouse have a will? \_\_\_\_\_  
If so, prepared by whom? \_\_\_\_\_

Mail

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.

\_\_\_\_\_