

Please print this form, complete and bring with you to your initial appointment

CLIENT INTERVIEW FORM

(Confidential Information)

CONSULTATION QUOTED: _____

CONSULTATION FEE PAID: _____

FILE #: _____

*PLEASE PRINT

DATE: _____

NAME: _____ AGE: _____ BIRTH DATE: _____
(FIRST) (INITIAL) (LAST)

FORMER NAME: _____ SOC. SEC. NO. _____

HOME ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

PLEASE DO NOT SEND CORRESPONDENCE TO MY HOME

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

BEST TIME OF DAY TO CALL: _____

EMPLOYER: _____ OCCUPATION: _____

NAME OF SPOUSE: _____ EMPLOYER: _____

SPOUSE SOC. SEC. NO. _____ SPOUSE BIRTH DATE: _____

PERSON(S) DISPUTE IS WITH: _____

REFERRED BY: _____

EXISTING CLIENT/HAVE YOU BEEN HERE BEFORE: _____

ISSUE(S) TO BE DISCUSSED: (check one)

_____ Personal Injury _____ Domestic _____ Real Estate _____ Worker Comp.

_____ Criminal _____ Probate _____ Estate Planning _____ Corporations

_____ Traffic Violation _____ Civil _____ Other _____ Juvenile Case

DO YOU HAVE A WILL? Y/N RETAINER: \$ _____ FILING FEE: \$ _____ Flat Fee: \$ _____

ATTORNEY YOU ARE SEEING TODAY: _____

DATE AND TIME OF APPOINTMENT: _____

CONFLICT CHECK

AMICUS FILES _____

AMICUS PEOPLE _____

SHELL _____

APPOINTMENT FOLDER _____