

**INITIAL INTERVIEW FORM
FAMILY LAW**

TODAY'S DATE: _____ ATTORNEY: _____

REGARDING/MATTER: _____

COURT DATE(S): _____ REFERRED BY _____

EMAIL ADDRESS: _____

PERSONAL INFORMATION OF CLIENT:

FULL LEGAL NAME: _____

ALIAS(ES): _____ NICKNAME: _____

ADDRESS: _____

CITY/COUNTY IN WHICH YOU LIVE: _____

MAILING ADDRESS: _____

CITY/COUNTY: _____ STATE: _____ ZIP: _____

HOME PHONE NO. _____ CELL PHONE NO. _____

WORK PHONE NO. _____

BEST PLACE TO CONTACT YOU: _____

DATE OF BIRTH: _____ STATE WHERE BORN: _____

SSN: _____ DRIVER'S LICENSE NO. _____

EDUCATION: _____ RACE: _____ SEX: _____

EMPLOYER: _____

EMPLOYER ADDRESS:

JOB TITLE: _____ SALARY: _____

PAID WEEKLY, BIWEEKLY, MONTHLY? _____

ANY OTHER SOURCE OF INCOME? _____

IF YES, STATE THE AMOUNT & SOURCE:

PERSONAL INFORMATION OF OPPOSING PARTY:

IS THE OPPOSING PARTY REPRESENTED BY COUNSEL? _____

IF YES, NAME & PHONE NO. _____

NAME: _____

ALIASES: _____ NICKNAME: _____

ADDRESS: _____

COUNTY/CITY IN WHICH YOU LIVE: _____

HOME PHONE NO. _____ WORK PHONE NO. _____

DOB: _____ STATE WHERE BORN: _____

SSN: _____ DRIVER'S LICENSE NO. _____

EDUCATION: _____ RACE: _____ SEX: _____

EMPLOYER: _____

EMPLOYER ADDRESS:

JOB TITLE: _____ SALARY: _____

PAID WEEKLY, BIWEEKLY, MONTHLY: _____

ANY OTHER SOURCE OF INCOME? _____

IF YES, STATE THE AMOUNT & SOURCE: _____

MARRIAGE:

DATE OF MARRIAGE: _____ LENGTH OF MARRIAGE: _____

STATE WHERE MARRIED: _____

COUNTY/CITY WHERE MARRIED: _____

RESIDENT & DOMICILIARY OF VIRGINIA? _____ HOW LONG? _____

ADDRESS OF WHERE YOU LIVED AS HUSBAND & WIFE:

COUNTY/CITY OF:

NAMES & RELATIONSHIP OF ALL PERSONS LIVING IN THE HOME:

DATE OF SEPARATION: _____

CIRCUMSTANCES THAT LED TO YOUR SEPARATION:

CHILDREN:

| FULL NAME | DATE OF BIRTH | AGE | IN THE CUSTODY OF | SCHOOL ATTENDING |
|-----------|---------------|-----|-------------------|------------------|
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PENDING COURT DATES? _____

HAS A SUIT BEEN FILED WITH THE COURTS? _____

ARE THERE ANY COURT ORDERS IN PLACE? _____

ARE YOU RECEIVING CHILD SUPPORT? _____

AMOUNT? _____ HOW OFTEN? _____

ARE YOU RECEIVING SPOUSAL SUPPORT? _____

AMOUNT? _____ HOW OFTEN? _____