

For Office Use Only:	
Fee Quoted: _____	Hourly Rate: _____ or Flat
Deposit Amount: _____	
Fee Agmt. Provided: Y or N	
Scope of Representation: _____	
Upcoming Court Date: _____	
Attorney: _____	Referred By: _____

INITIAL INTERVIEW FORM

TODAY'S DATE: _____ ATTORNEY: _____

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: _____

EMPLOYER: _____

EMPLOYER ADDRESS: _____

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. _____

EMPLOYER: _____

EMPLOYER ADDRESS: _____

REGARDING/MATTER: (REQUIRED)

