

**EVICTON  
INTERVIEW FORM**

**CLIENT INFORMATION:**

Client's Name: \_\_\_\_\_

Client's Address: \_\_\_\_\_

\_\_\_\_\_ County: \_\_\_\_\_

Client's phone: home: \_\_\_\_\_ time to call: \_\_\_\_\_ cell: \_\_\_\_\_

employer's name: \_\_\_\_\_

office: \_\_\_\_\_ ext.: \_\_\_\_\_

fax: \_\_\_\_\_ hours: \_\_\_\_\_

Client's email: \_\_\_\_\_

Client's S.S.#: \_\_\_\_\_

Client's D.O.B.: \_\_\_\_\_

Has any other attorney represented client in this matter? \_\_\_\_\_

If so, provide Name, Address & Phone Number of prior attorneys. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about our firm? \_\_\_\_\_

**INTERVIEW QUESTIONS:**

**Plaintiff Information**

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

2. Address: \_\_\_\_\_

\_\_\_\_\_

3. Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Fax: \_\_\_\_\_

**Defendant/Tenant Information**

- 4. Name: \_\_\_\_\_
- 5. Address: \_\_\_\_\_  
\_\_\_\_\_
- 6. Employer: \_\_\_\_\_
- 7. Employer's Address: \_\_\_\_\_  
\_\_\_\_\_
- 8. Family members or others over 14 living in unit (for service) Yes\_\_\_ No\_\_\_
- 9. Names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Property Information**

- 10. Owner of property: \_\_\_\_\_
- 11. Address of owner: (If different than Plaintiffs) \_\_\_\_\_  
\_\_\_\_\_
- 12. Phone: \_\_\_\_\_
- 13. Manager for units: Yes\_\_\_ No\_\_\_
- 14. Address of Manager: \_\_\_\_\_  
\_\_\_\_\_
- 15. Phone number for Manager: \_\_\_\_\_
- 16. Address of property: (If different than Plaintiffs) \_\_\_\_\_  
\_\_\_\_\_
- 17. Legal description of property: \_\_\_\_\_  
\_\_\_\_\_

**Tenancy Information**

18. Type of lease:  Oral  Written (obtain copy)
19. Condominium: Yes  No
20. Contract To Purchase: Yes  No
21. Rent agreements: \$ \_\_\_\_\_ per \_\_\_\_\_. Date due: \_\_\_\_\_
22. Security deposit: \$ \_\_\_\_\_ Held by: \_\_\_\_\_
23. Attorneys fees recoverable: Yes  No .

**Eviction Information**

24. Reason:
- Rent arrearage: Amount: \$ \_\_\_\_\_
- Time period (months): \_\_\_\_\_
- Lease violation: \_\_\_\_\_
- \_\_\_\_\_
- Other: \_\_\_\_\_

25. Should attorney accept rent: Yes  No

Note: Partial payment may waive right to eviction in non-rent cases while full payment may waive right to eviction in rent cases (735 ILCS 5/9-104.1)

**Notice Information**

26. Has Notice been served:  Yes (obtain copy)  No.
27. Type of Notice:
- 30 Day
- 10 Day
- 5 Day
- Demand for immediate possession

Other: \_\_\_\_\_

28. Process to be served at following address: \_\_\_\_\_

\_\_\_\_\_

(a) Are there "unknown occupants" which should be addressed in a notice/complaint. (735 ILCS 5/9-104). Yes\_\_ No\_\_

29. Posting: Yes\_\_ No\_\_

If posting, the time and date of attempted service (minimum 3 attempts): \_\_\_\_\_

\_\_\_\_\_

30. Place of Posting: \_\_\_\_\_

**Miscellaneous**

32. Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CLIENT VERIFICATION:**

The undersigned client in the above referred to matter, states that he/she has helped prepare the above entitled form and has reviewed the completed form and certifies that the information provided is true and correct.

Dated: \_\_\_\_\_

CLIENT

**\*COMPLETING THIS FORM DOES NOT CREATE AN ATTORNEY/CLIENT RELATIONSHIP. THIS FORM IS FOR INFORMATIONAL PURPOSES ONLY. \***