

EXPUNGEMENT INTERVIEW FORM

CLIENT INFORMATION:

Client's Name: _____

Client's Address: _____

County: _____

Client's phone: office: _____ ext.: _____

fax: _____ hours: _____

home: _____ time to call: _____

cell: _____

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:

1. Are you employed: ___Yes ___ No.

If yes, name and address of employer: _____

Days of employment: _____ Hours of employment: _____

2. Marital status: ___Married ___Separated ___Divorced ___Single

3. If married, spouse's name: _____

4. If married, is your spouse employed: ___Yes ___No.

If yes, name of employer: _____

Address: _____

Telephone: _____

Days of employment: _____ Hours of employment: _____

5. Education: (highest level completed): _____

6. What would you like to have expunged (please list as much information as you can regarding any charges on your record you would like to have expunged, locations, dates, things that might be important): _____

7. Do you have any convictions on your record? _____ Yes _____ No
If yes, please explain _____

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. ***