

POTENTIAL CLIENT - GENERAL INTERVIEW FORM

POTENTIAL CLIENT INFORMATION:

Client's Name: _____

Client's Address: _____

City, State, Zip _____ County: _____

Client's phone: office: _____ ext: _____

fax: _____ hours: _____

employer's name: _____

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? Yes / No

If yes, provide Name, Address & Phone Number of prior attorneys _____

How did you hear about our firm? _____

INTERVIEW QUESTIONS:

1. Marital status: Married: ____ Separated ____ Divorced ____ Single ____

2. If married, spouse's name: _____

3. Marriage Date: _____

4. Marriage Location (County): _____

5. Are you employed: Yes ____ No ____

If yes, name and address of employer: _____

Days of employment: _____ Hours of employment: _____

6. Education: (highest level completed): _____

7. Convictions: _____

8. If married, is your spouse employed: Yes ____ No ____

If yes, name of employer: _____

Address: _____

Telephone: _____

Dates of employment: _____

Hours of employment: _____

9. Children:

NAME:

D.O.B.:

10. Type and description of matter (please list any other persons involved, locations, dates, objects that might be important): _____
