

**Please print this form, complete and bring with you to your initial appointment**

## CLIENT INTERVIEW FORM

(Confidential Information)

CONSULTATION QUOTED: \_\_\_\_\_

CONSULTATION FEE PAID: \_\_\_\_\_

FILE #: \_\_\_\_\_

\*PLEASE PRINT

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_  
(FIRST) (INITIAL) (LAST)

FORMER NAME: \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

\_\_\_\_\_  
PLEASE DO NOT SEND CORRESPONDENCE TO MY HOME

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

BEST TIME OF DAY TO CALL: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

NAME OF SPOUSE: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

SPOUSE SOC. SEC. NO. \_\_\_\_\_ SPOUSE BIRTH DATE: \_\_\_\_\_

PERSON(S) DISPUTE IS WITH: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

EXISTING CLIENT/HAVE YOU BEEN HERE BEFORE: \_\_\_\_\_

ISSUE(S) TO BE DISCUSSED: (check one)

\_\_\_\_\_  
Personal Injury      \_\_\_\_\_ Domestic      \_\_\_\_\_ Real Estate      \_\_\_\_\_ Worker Comp.

\_\_\_\_\_  
Criminal      \_\_\_\_\_ Probate      \_\_\_\_\_ Estate Planning      \_\_\_\_\_ Corporations

\_\_\_\_\_  
Traffic Violation      \_\_\_\_\_ Civil      \_\_\_\_\_ Other      \_\_\_\_\_ Juvenile Case

DO YOU HAVE A WILL? Y/N    RETAINER: \$ \_\_\_\_\_    FILING FEE: \$ \_\_\_\_\_    Flat Fee: \$ \_\_\_\_\_

ATTORNEY YOU ARE SEEING TODAY: \_\_\_\_\_

DATE AND TIME OF APPOINTMENT: \_\_\_\_\_

CONFLICT CHECK

AMICUS FILES \_\_\_\_\_

AMICUS PEOPLE \_\_\_\_\_

SHELL \_\_\_\_\_

APPOINTMENT FOLDER \_\_\_\_\_