

**POTENTIAL NEW CLIENT INTERVIEW/CONSULT SHEET** Date: \_\_\_ / \_\_\_ / \_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone/Home: (\_\_\_\_) \_\_\_\_\_

Telephone/Work: (\_\_\_\_) \_\_\_\_\_

Telephone/Cellular: (\_\_\_\_) \_\_\_\_\_

Last 4 digits of SSN: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of Employment: \_\_\_\_\_ How Long: \_\_\_\_\_

TYPE OF CASE: Please check applicable case type.

\_\_\_ **PERSONAL INJURY/WRONGFUL DEATH**

Date of Accident/Incident: \_\_\_ / \_\_\_ / \_\_\_ If Death, Date of Death: \_\_\_ / \_\_\_ / \_\_\_

Where Accident/Incident Occurred (job, home, city, state, county): \_\_\_\_\_  
\_\_\_\_\_

Possible SOL: \_\_\_ / \_\_\_ / \_\_\_

\_\_\_ **CRIMINAL**

Prior Convictions: Yes \_\_\_ or No \_\_\_. If yes, prior charge/s: \_\_\_\_\_  
\_\_\_\_\_

Outstanding Warrant: Yes \_\_\_ or No \_\_\_

Pending Court Date: Yes \_\_\_ or No \_\_\_. If yes, Date \_\_\_\_\_

\_\_\_ **DIVORCE** Circle Check One: Contested \_\_\_ or Uncontested \_\_\_

Spouses Name: \_\_\_\_\_

Spouses Address: \_\_\_\_\_

Spouses SSN: \_\_\_\_\_

Spouses DOB: \_\_\_\_\_

Spouses Place of Employment: \_\_\_\_\_

Spouses Employment Address: \_\_\_\_\_

Spouses Telephone # / Home: \_\_\_\_\_

Spouses Telephone #/Work: \_\_\_\_\_

Spouses Telephone #/Cellular: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

State and County where married: \_\_\_\_\_

**Date of Separation:** \_\_\_\_\_

If you are the wife, state whether you are now pregnant: Yes \_\_\_ or No \_\_\_

Children in this marriage Yes \_\_\_ or No \_\_\_. Number of children: \_\_\_\_\_

Current child support Yes \_\_\_ or No \_\_\_. If yes, monthly amount: \$ \_\_\_\_\_

Any Joint Property Yes \_\_\_ or No \_\_\_. If yes, provide type of property:

Home (Provide Address): \_\_\_\_\_

Vehicle (Model and Type): \_\_\_\_\_

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

Has property already been divided between the parties? Yes \_\_\_ or No \_\_\_. If No,

Explain what property needs to be divided: \_\_\_\_\_  
\_\_\_\_\_

**CHILD SUPPORT** \_\_\_ **ADOPTION** \_\_\_ **WORKERS COMPENSATION** \_\_\_

**WILLS/POWER OF ATTORNEY/ESTATE** \_\_\_ **CONTRACT** \_\_\_

**EMPLOYMENT** \_\_\_ **SOCIAL SECURITY DISABILITY** \_\_\_ **OTHER** \_\_\_

Referred by: \_\_\_\_\_ Internet \_\_\_ Yellow Pages \_\_\_ Other \_\_\_

Printed Name of Person who completed form: \_\_\_\_\_

*You Will be Contacted by Our Office Staff*

**To Be Completed By Internal Staff:** Appointment Scheduled (Date and time): \_\_\_\_\_

Comments: \_\_\_\_\_

Printed Name of Person who reviewed form with potential client: \_\_\_\_\_