

# INITIAL INTERVIEW FORM

Attorney: \_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## Client Information:

First/Middle/Last Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Secure Email Address: \_\_\_\_\_

Driver' s License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Occupation: \_\_\_\_\_ Total Annual Income: \$ \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Level of Education: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Place of Birth: \_\_\_\_\_

No. of Marriages: \_\_\_\_\_ If more than one, specify how ended: \_\_\_\_\_

How would you like to receive your monthly invoice? Current Address / Email / Other: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Current Attorney Name: \_\_\_\_\_ Prior Attorney(s) Name(s): \_\_\_\_\_

## Other Party Information:

First/Middle/Last Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Driver' s License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Occupation: \_\_\_\_\_ Total Annual Income: \$ \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Level of Education: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_

No. of Marriages: \_\_\_\_ If more than one, specify how ended: \_\_\_\_\_

Current Attorney Name: \_\_\_\_\_

Child Information:

<u>Children of This Marriage Name:</u>	<u>Age:</u>	<u>Date of Birth:</u>	<u>Last Four of SSN:</u>
			***-**-
			***-**-
			***-**-
			***-**-

<u>Children of Previous Marriage Name:</u>	<u>Age:</u>	<u>Date of Birth:</u>	<u>Last Four of SSN:</u>
			***-**-
			***-**-
			***-**-

General Information:

Place of Marriage: \_\_\_\_\_ Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Address You lived at with your spouse: \_\_\_\_\_

Date of Separation: \_\_\_\_\_ Who Left: \_\_\_\_\_

How long have you been a resident of Virginia: \_\_\_\_\_

How were you referred: \_\_\_\_\_