

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

# INITIAL INTERVIEW FORM

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

## Client Information:

Full Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_ Annual Income: \_\_\_\_\_

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

Works Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Level of Education Elementary or Secondary (0-12): \_\_\_\_\_ College (years): \_\_\_\_\_

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

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

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

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

Current Attorney: \_\_\_\_\_ Prior Attorney: \_\_\_\_\_

## Other Party Information:

Full Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Annual Income: \_\_\_\_\_

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

Works Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Level of Education Elementary or Secondary (0-12): \_\_\_\_\_ College (years): \_\_\_\_\_

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

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

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

Other Address: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Child Information:**  
Children with Opposing Party

Name	Age	Date of Birth	Last Four of SSN

Children with Third Parties (for example, from a prior marriage)

Name	Age	Date of Birth	Last Four of SSN

**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: \_\_\_\_\_

Has a case been filed? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Any Scheduled Court Dates: \_\_\_\_\_

Any Scheduled Mediation or Other Important Dates: \_\_\_\_\_