

[Prospective Client Questionnaire]

Name (Include maiden or other marital name)

Date of birth

Home phone

Name of employer _____ Your position _____

Employment address

Employer's phone number

Where you would prefer to be contacted?

Spouse name

Opposing party

Opposing party address

Name of associated and/or related parties

Name of current opposing counsel

Address

Please state briefly the nature of the problem you wish to discuss with this office.

Is this matter a (please check one)

Domestic/Family Law _____ Auto Accident

Estates or Wills _____ Other Personal Injury

Criminal _____ Traffic Ticket

Employment Problem _____ Juvenile Case

Have you or any member of your family been seen by anyone in this office? Yes/No. If yes, state person's name and the nature of the legal matter.

How were you referred here:

Phone book _____ Advertising _____

Former client _____

Court assignment _____ Other lawyer _____

Optional: A consultation fee of \$50 is due at the time of your initial visit. Our office accepts VISA and MasterCard for your convenience.

Optional for client to sign: "To the best of my knowledge, the information on this initial questionnaire is true and correct.

Signature _____ Date _____

Optional for client to sign: "I understand that no legal relationship was created by my visit because my case was not accepted by this office.

Signature _____ Date _____

Office Use Only

Initial interview date _____ Type of case _____

Initial interview by _____ Case assigned to _____

Client referred by _____

Nonengagement? _____

Office file number _____ Court file number _____

Deadlines _____

Conflicts check _____

Notes _____