

**[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

**For 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