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CLIENT INTERVIEW SHEET

Date: _____

Please complete this questionnaire. If you will spend the time to complete all items, you will give us the background information necessary to begin to understand the complexity of the personal aspects of your family law problem. All information will be held in strict confidence.

1. Please give your full name, date and place of birth, and Social Security number.

Full Name: _____

Date Of Birth: _____

Place Of Birth: _____

Social Security Number: _____

Driver's License Number & State: _____

2. Where are you living now?

Address: _____

City, State, Zip: _____

Cell Phone Number: _____

E-Mail address: _____

3. Please complete the following concerning your employment.

Employer: _____

Job Title: _____

Street Address: _____

City, State, Zip: _____

Telephone Number: _____

Gross salary per month or annually: \$ _____

Length of employment: _____

Education: _____

4. Please give the following information on your spouse:

Full Name: _____

Date Of Birth: _____

Place Of Birth: _____

Social Security Number: _____

Driver's License Number & State: _____

Cell Number: _____

E-Mail address: _____

Employer: _____

Job Title: _____

Street Address: _____

City, State, Zip: _____

Employer's Telephone Number: _____

Gross salary per month or annually: \$ _____

Length of employment: _____

Education: _____

5. Please give the biological mother's full name, date and place of birth, and Social Security Number.

Name: _____

Date of birth: _____

Place of birth: _____

Social Security Number: _____

Driver's License Number & State: _____

Address: _____

City, State, Zip: _____

Residence Telephone Number: _____

Cell Number: _____

E-Mail address: _____

6. Complete the following concerning the biological mother's employment.

Employer: _____

Job Title: _____

Street Address: _____

City, State, Zip: _____

Telephone Number: _____

Biological mother's gross salary per month or annually: \$ _____

Length of the biological mother's employment: _____

Education of the other biological mother: _____

7. Please give the biological father's full name, date and place of birth, and Social Security Number.

Name: _____

Date of birth: _____

Place of birth: _____

Social Security Number: _____

Driver's License Number & State: _____

Address: _____

City, State, Zip: _____

Residence Telephone Number: _____

Cell Number: _____

E-Mail address: _____

8. Complete the following concerning the biological father's employment.

Employer: _____

Job Title: _____

Street Address: _____

City, State, Zip: _____

Telephone Number: _____

Biological father's gross salary per month or annually: \$ _____

Length of the biological father's employment: _____

Education of the biological father: _____

9. Please give full name, date and place of birth, sex, Social Security number, and driver's license number of each child involved in this matter.

1) Full Name: _____
Sex: _____
Birthplace: _____
Birth Date: _____
Social Security Number: _____
Driver's License Number & State: _____

2) Full Name: _____
Sex: _____
Birthplace: _____
Birth Date : _____
Social Security Number: _____
Driver's License Number & State: _____

3) Full Name: _____
Sex: _____
Birthplace: _____
Birth Date: _____
Social Security Number: _____
Driver's License Number & State: _____

10. How are these children covered with medical health insurance? Who is the provider for medical health insurance? _____

11. Please provide some brief background concerning the matter for which you are seeking legal counsel: _____

12. Do you pay/receive child support?
If so, how much? \$ _____ Per _____

Last Will and Testament:

13. Do you have a will? _____
If so, prepared by whom? _____

Mail

14. At what address do you wish to receive mail from this office?

Referral:

15. Who may we thank for your referral to this office?

16. I understand that there will be an initial \$150.00, consultation fee regardless of whether I decide to take any legal action or not.

Your Signature