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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 and the following information.

Full Name: _____

Maiden Name: _____

Address: _____

County: _____

Date Of Birth: _____

Place Of Birth: _____

Social Security Number: _____

Driver's License Number & State: _____

Phone Number: _____

E-Mail address: _____

Employer: _____

Job Title: _____

Employer's Address: _____

Employer's Phone Number: _____

Gross salary: \$ _____ per _____

Length of employment: _____

Education: _____

2. Please give the co-applicant's full name and following information:

Full Name: _____

Maiden Name: _____

Date of birth: _____

Place of birth: _____

Social Security Number: _____

Driver's License Number & State: _____

Address: _____

Phone number: _____

E-Mail address: _____

Employer: _____

Job Title: _____

Employer's Address: _____

Employer's Phone Number: _____

Gross salary: \$ _____ per _____

Length of the co-applicant for adoption's employment: _____

Education of the co-applicant for adoption: _____

3. Please give the following information of proposed child(ren) to be adopted in this matter. Attach additional pages if necessary.

a. Full Name: _____
Sex: _____
Birthplace: _____
Birth Date: _____
Social Security number: _____
Driver's License number & State : _____

b. Full Name: _____
Sex: _____
Birthplace: _____
Birth Date: _____
Social Security number: _____
Driver's License number & State : _____

4. Is the proposed child covered with medical health insurance? Who is the provider for medical health insurance? _____

5. Please provide some brief background concerning the matter for which you are seeking legal counsel (i.e. Adoption): _____

6. Does the child receive governmental assistance?
If so, how much? \$ _____ per _____

Last Will and Testament:

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

Mail:

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

Referral:

10. Who may we thank for your referral to our office?

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

Signature