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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 legal problem. All information will be held in strict confidence.

1. 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: _____

3. Please give your residence telephone number: _____

Cell Number: _____

E-Mail address: _____

4. 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: _____

5. Please give opposing parties' information as requested below:

Full Name: _____

Date of birth: _____

Place of birth: _____

Social Security Number: _____

Driver's License Number & State: _____

Address: _____

City, State, Zip: _____

Residence telephone number: _____

6. Complete the following concerning opposing parties' employment.

Employer: _____

Job Title: _____

Street Address: _____

City, State, Zip: _____

Telephone Number: _____

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

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

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