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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 about yourself:

Full Name: _____

Date Of Birth: _____

Place Of Birth: _____

Social Security Number: _____

Driver's License Number & State: _____

Phone Number: _____

E-Mail address: _____

2. Where are you living now?

Address: _____

City, State, Zip: _____

3. Please complete the following concerning your employment:

Employer: _____

Job Title: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Gross salary monthly or annually: \$ _____

Length of employment: _____

Education: _____

4. Please complete the following about the other biological parent:

Full Name: _____

Date of birth: _____

Place of birth: _____

Social Security Number: _____

Driver's License Number & State: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

E-Mail address: _____

5. Complete the following concerning the other biological parent's employment:

Employer: _____

Job Title: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Other biological parent's gross salary monthly or annually: \$ _____

Length of the other biological parent's employment: _____

Education of the other biological parent: _____

6. Please provide the full name and following information 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: _____

7. How are these child/ren covered with medical health insurance? Who is the provider for medical health insurance? _____

8. Have you ever been married to the other biological parent of the child/ren? _____
If so, what is the Marriage Date: _____ and Divorce Date: _____
9. Please provide a brief background concerning the matter for which you are seeking legal counsel: _____

10. Do you pay/receive child support?
If so, how much? \$ _____ Per _____
11. Do you have a will? _____
If so, prepared by whom? _____
12. What address do you wish to receive mail from this office?

Address: _____

City, State, Zip: _____
13. Who referred you to our office? _____
14. 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