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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.

Name: _____

Date Of Birth: _____

Place Of Birth: _____

Social Security Number: _____

Driver's License Number: _____

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 the other co-applicant for guardianship'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: _____

6. Please list the other co-applicant for guardianship's address and telephone number?

Address: _____

City, State, Zip: _____

Residence telephone number: _____

E-Mail address: _____

7. Complete the following concerning the co-applicant for guardianship's employment.

Employer: _____

Job Title: _____

Street Address: _____

City, State, Zip: _____

Telephone Number: _____

Co-applicant for guardianship's gross salary per month or annually: \$ _____

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

Education of the co-applicant for guardianship: _____

8. Please give full name, date and place of birth, sex, Social Security number, and driver's license number of proposed ward involved in this matter.

Name: _____

Sex: _____

Birthplace: _____

Birth Date: _____

Social Security number: _____

Driver's License number: _____

9. How is the proposed ward covered with medical health insurance? Who is the provider for medical health insurance? _____

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

11. Does the proposed ward receive governmental assistance?

If so, how much? \$_____ Per _____

Last Will and Testament:

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

Mail

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

Referral:

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