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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: _____

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 biological parent's 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 : _____

6. What is the other biological parent's contact information?

Address: _____

City, State, Zip: _____

Residence telephone number: _____

E-Mail address: _____

7. Complete the following concerning the other biological parent's employment.

Employer: _____

Job Title: _____

Street Address: _____

City, State, Zip: _____

Telephone Number: _____

The other biological parent's gross salary per month or annually: \$ _____

Length of the other biological parent's employment: _____

Education of the other biological parent: _____

8. Please give full name, date and place of birth, sex, Social Security number, and driver's license number of each child.

1. Name: _____
Sex: _____
Birthplace: _____
Birth Date: _____
Social Security number: _____
Driver's License number & state: _____

2. Name: _____
Sex: _____
Birthplace: _____
Birth Date: _____
Social Security number: _____
Driver's License number & state: _____

3. Name: _____
Sex: _____
Birthplace: _____
Birth Date: _____
Social Security number: _____
Driver's License number & state: _____

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

10. Have you previously modified your custody order? YES / NO
If so, when was the last time the order was modified? _____
11. Do you pay/receive child support? YES / NO
If so, how much? \$_____ Per _____
12. Please provide some brief background concerning the matter for which you are seeking legal counsel: _____

13. Do you have a Last Will and Testament? YES / NO
If so, prepared by whom? _____
14. At what address do you wish to receive mail from this office?

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