

EASLEY & MARQUIS

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GENERAL INFORMATION

Client Initial Interview Form

****PERSONAL AND CONFIDENTIAL****

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 matter. All information will be held in strict confidence. Many of your answers provide information that must be included in Court required forms.

1. CLIENT

- a. Name: _____
(First) (Middle) (Last) (Maiden)
- b. Age: _____ Place of Birth: _____
- c. Date of Birth: _____
- d. Social Security Number: _____
- e. Driver's License Number: _____
- f. Education: High school _____
College (years) _____
Degree _____
Graduate Degrees _____

2. CLIENT'S RESIDENCE

Where are you living now?

- a. Address: _____
- b. City, state & zip: _____
- c. Residence Telephone Number: _____

- d. Residence FAX Number: _____
- e. Any & all other numbers where we can contact you:

- f. Email address: _____

3. CLIENT'S EMPLOYMENT

- a. Employer: _____
- b. Job title: _____
- c. Nature of Job: _____
- d. Street Address: _____
- e. City, state & zip: _____
- f. Telephone number: _____
FAX number: _____
Can we fax you at work? _____
- g. Gross salary per month or annually: _____
- h. Net pay per period: _____ Paid how often: _____
- i. Length of employment: _____

4. MAIL

- a. Address at which you wish to receive mail from this office:

5. OTHER PARTY - if applicable

- a. Name: _____
(First) (Middle) (Last) (Maiden)
- b. Age: _____ Place of Birth: _____
- c. Date of Birth: _____
- d. Social Security Number: _____
- e. TX Driver's License: _____
- f. Education: High School _____
College (years) _____
Degree _____
Graduate Degrees _____

6. OTHER PARTY'S RESIDENCE

- a. Address: _____
- b. City, state & zip: _____
- c. Residence Telephone number: _____
- d. Vehicle Make, Model and License Plate: _____

7. OTHER PARTY'S EMPLOYMENT

- a. Employer: _____
- b. Job title: _____
- c. Nature of Job: _____
- d. Street Address: _____
- e. City, state & zip: _____
- f. Telephone number: _____ FAX: _____
- g. Gross salary per month or annually: _____

- h. Net pay per period: _____ paid how often: _____
- i. Length of employment: _____

8. CHILDREN INVOLVED

- a. Name: _____ Sex: _____
Social Security Number: _____
Place of Birth (City, County & State): _____
Date of Birth: _____/_____/_____
- b. Name: _____ Sex: _____
Social Security Number: _____
Place of Birth (City, County & State): _____
Date of Birth: _____/_____/_____
- c. Name: _____ Sex: _____
Social Security Number: _____
Place of Birth (City, County & State): _____
Date of Birth: _____/_____/_____
- d. Name: _____ Sex: _____
Social Security Number: _____
Place of Birth (City, County & State): _____
Date of Birth: _____/_____/_____

9. **REASON FOR SEEING ATTORNEY TODAY:**

10. **ATTORNEYS**

If you have consulted with another attorney on this matter give that attorney's name:

If the other party has consulted with an attorney on this matter give that attorney's name:

Has suit been filed:_____

Have you been served with papers:_____

I UNDERSTAND that if the initial consultation is longer than one hour I will be charged for the additional time at the following rates:

| | | | |
|-----------------|----------|----------------|----------|
| Sharon Easley - | \$350.00 | Lisa Marquis - | \$300.00 |
| Casey Davis - | \$200.00 | Kelly Martin - | \$200.00 |

I ACKNOWLEDGE that the additional charge, if any, will be paid by me at the conclusion of the consultation or debited from my retainer if I hire the attorney.

DATE: _____ SIGNATURE: _____

PLEASE FILL OUT BELOW:

Easley & Marquis strives to help as many people as possible through these hard times. Please help us in our efforts by telling us how you heard about our firm. (Please circle the correct referral source)

INTERNET SEARCH

(Please specify which search engine ie: Google, MSNBC etc.) _____

YELLOW PAGES

PLANO PROFILE

INSIDE COLLIN COUNTY BUSINESS

REFERRED BY A FORMER/CURRENT CLIENT

(Please give name) _____

OTHER

(Please Specify) _____

Please return this form to the receptionist with your consultation fee.

For Internal Use Only:

Attorney: _____

Type of Case: (Please Circle One):

HCL

LCL

COLLABORATIVE

WILL

PROBATE

OTHER _____