

DOMESTIC CLIENT QUESTIONNAIRE

PLEASE PRINT LEGIBLY (NOTE: *Not all questions will pertain to you or your situation. Complete only those questions pertinent to you.*)

Today's Date: _____

Name (include maiden or other marital name): _____

Home Address: _____

Date of Birth: _____ Home phone: _____

Name of Employer: _____ Position: _____

Employer address: _____

Employer Phone: _____

Where you prefer to be contacted: _____

Spouse's name: _____

Opposing party name and address: _____

Name of associated and/or related parties: _____

Name of current opposing counsel: _____

Address: _____

Please state briefly the nature of the problem you wish to discuss with this office.

Have you or any member of your family been seen by anyone in this office? Yes ___ No ___
If yes, state person's name and nature of the legal matter with which he/she assisted.

How you were referred: Internet search: _____ Current client: _____, who: _____

Phonebook: _____ Advertising: _____ Former client: _____, who: _____

Bar referral: _____ Court assignment: _____ Other lawyer: _____ Lawyers.com: _____

A consultation fee of \$100 is due at the time of your initial visit.

“I understand that no legal relationship was created by my visit today and that this firm will not render legal services after my consultation unless a retainer agreement is made in writing.”

Signature: _____ Date: _____

For Office Use Only:

Initial Interview Date: _____ Type of Case: _____

Initial Interview By: _____ Case assigned to: _____

Client referred by: _____ Nonengagement: _____

Office File No.: _____ Court File No.: _____

Deadlines: _____ Conflicts check: _____

Notes:
