



BRIAN ANDRADE

ATTORNEY

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Client Initial Interview Form

PERSONAL AND CONFIDENTIAL

CLIENT

Name: _____ Age: _____

(First) (Middle) (Last) (Maiden)

Place of Birth: _____ Date of Birth: _____

Social Security Number: _____ Driver's License Number: _____

Highest Level of Education: _____ Years/Degree _____

CLIENT'S RESIDENCE

Address: _____

City, state & zip: _____ County: _____ How long: _____

Residence Telephone _____ Fax _____

Business Telephone _____ Fax _____

E-Mail _____ Cell Phone _____

CLIENT'S EMPLOYMENT

Employer: _____ Job title: _____

Street Address: _____ City, State & zip: _____

Gross salary per month or annually: _____ Net pay per period: _____ Paid
how often: _____ Length of employment: _____

OTHER PARTY

Name: _____ Age: _____

(First) (Middle) (Last) (Maiden)

Place of Birth: _____ Date of Birth: _____

Social Security Number: _____ Driver's License Number: _____

Highest Level of Education: _____ Years/Degree _____

OTHER PARTY RESIDENCE, IF DIFFERENT FROM YOUR OWN

Address: _____
City, state & zip: _____ County: _____ How long: _____
Residence Telephone _____ Fax _____
Business Telephone _____ Fax _____
E-Mail _____ Cell Phone _____

SPOUSE’S EMPLOYMENT

Employer: _____ Job title: _____
Street Address: _____ City, State & zip: _____
Gross salary per month or annually: _____ Net pay per period: _____ Paid
how often: _____ Length of employment: _____

MARRIAGE

Date: _____ / _____ / _____ City and State: _____
Do you and your spouse have a premarital agreement? YES / NO
Separated from your spouse? YES / NO, Date of separation: _____ / _____ / _____

CHILDREN OF THIS RELATIONSHIP

Name: _____ Social Security Number: _____
Sex: _____ Date of Birth: _____ / _____ / _____ Age: _____
Place of Birth (City, County & State): _____

Name: _____ Social Security Number: _____
Sex: _____ Date of Birth: _____ / _____ / _____ Age: _____
Place of Birth (City, County & State): _____

Name: _____ Social Security Number: _____
Sex: _____ Date of Birth: _____ / _____ / _____ Age: _____
Place of Birth (City, County & State): _____

CHILDREN BY A PREVIOUS MARRIAGE or RELATIONSHIP

Do you have any children by a previous marriage? YES / NO

Name: _____ Social Security Number: _____
Sex: _____ Date of Birth: _____ / _____ / _____ Age: _____
Place of Birth (City, County & State): _____

Name: _____ Social Security Number: _____
Sex: _____ Date of Birth: _____ / _____ / _____ Age: _____
Place of Birth (City, County & State): _____

Where and with whom do these children reside? _____
Do you pay / receive child support? _____ If so, how much? _____ per month.

REFERRAL

How did you learn of our firm? _____

ATTORNEYS

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

If your spouse has consulted with an attorney on this matter give that attorney's name: _____

RESTORATION OF MAIDEN NAME

If a divorce is granted, should the wife's maiden name be restored? YES / NO

If so, what name should be used? _____