

# Nunneley | Family Law

## Initial Client Interview Sheet

Please complete this questionnaire to the best of your ability. 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.

Date: \_\_\_\_\_ Referred By: \_\_\_\_\_

1. Please provide your full name, date and place of birth, and Social Security number. Please **PRINT CLEARLY**.

- a. Full Name: \_\_\_\_\_ Former Name: \_\_\_\_\_
- b. Date and Place of Birth: \_\_\_\_\_
- c. Social Security Number: \_\_\_\_\_
- d. Driver's License Number and State: \_\_\_\_\_
- e. Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- f. Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- g. Phone Number: \_\_\_\_\_

**h. Your monthly billing statements will be emailed to the address you have listed below. Please verify that ONLY YOU have Password and Access to this Email Address!**

E-mail Address: \_\_\_\_\_

2. Please complete the following concerning your employment.

- a. Employer: \_\_\_\_\_
- b. Job Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_
- c. Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- d. Gross Salary per Month: \$ \_\_\_\_\_ or Annually: \$ \_\_\_\_\_

Please give **ADDITIONAL CLIENTS** full name, date and place of birth, and Social Security number.

- a. Full Name: \_\_\_\_\_ Former Name: \_\_\_\_\_
- b. Date and Place of Birth: \_\_\_\_\_
- c. Social Security Number: \_\_\_\_\_
- d. Driver's License Number and State: \_\_\_\_\_
- e. Mobile/Beeper Number: \_\_\_\_\_
- f. E-mail Address: \_\_\_\_\_

2. Please complete the following information concerning **ADDITIONAL CLIENT'S** employment.
- Employer: \_\_\_\_\_
  - Job Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_
  - Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
  - Gross Salary per Month: \$ \_\_\_\_\_ or Annually: \$ \_\_\_\_\_
3. Please provide the **OPPOSING PARTY'S** full name, date, place of birth, and Social Security number.
- Full Name: \_\_\_\_\_ Former Name: \_\_\_\_\_
  - Date and Place of Birth: \_\_\_\_\_
  - Social Security Number: \_\_\_\_\_
  - Driver's License Number and State: \_\_\_\_\_
4. Please provide the opposing party's address and telephone number?
- Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
  - Residence Telephone Number: \_\_\_\_\_
5. Complete the following concerning the opposing party's employment.
- Employer: \_\_\_\_\_
  - Job Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_
  - Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
  - Gross Salary per Month: \$ \_\_\_\_\_ or Annually: \$ \_\_\_\_\_
6. Please give the date and place of your marriage, if applicable (Divorce/Annulment).
- Date: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
7. Are you now separated from your spouse/partner and if so, date of separation? \_\_\_\_\_
8. Please give the **full** name, date and place of birth, sex, Social Security number, and driver's license number of each child of this marriage.
- NAME: \_\_\_\_\_ SEX: \_\_\_\_\_  
BIRTHPLACE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_  
DRIVER'S LICENSE NO: \_\_\_\_\_ STATE: \_\_\_\_\_ SS NUMBER: \_\_\_\_\_  
WITH WHOM DOES THE CHILD RESIDE? \_\_\_\_\_
  - NAME: \_\_\_\_\_ SEX: \_\_\_\_\_  
BIRTHPLACE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_  
DRIVER'S LICENSE NO: \_\_\_\_\_ STATE: \_\_\_\_\_ SS NUMBER: \_\_\_\_\_  
WITH WHOM DOES THE CHILD RESIDE? \_\_\_\_\_

C. NAME: \_\_\_\_\_ SEX: \_\_\_\_\_  
BIRTHPLACE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_  
DRIVER'S LICENSE NO: \_\_\_\_\_ STATE: \_\_\_\_\_ SS NUMBER: \_\_\_\_\_  
WITH WHOM DOES THE CHILD RESIDE? \_\_\_\_\_

9. Have you seen a marriage counselor and if so, please state for how long and give name? \_\_\_\_\_  
\_\_\_\_\_

10. Does your spouse/partner now have an attorney and if so, who? \_\_\_\_\_

11. If a divorce is granted, should the spouse's former name be restored? \_\_\_\_\_

If so, please provide the **full** name to be used? \_\_\_\_\_

12. Is there a Pre-Marital Agreement or Post-Marital Agreement between you and your spouse/partner? \_\_\_\_\_  
\_\_\_\_\_