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Client Information

Client Initial Interview Form
Civil Matter

******Personal and Confidential******

Please fill out this questionnaire and return it as soon as possible. It is important that you answer each question fully. It is imperative that you be candid!

You should answer all questions relevant to your case. If a question does not apply to your particular situation, please indicate by marking the question "N/A." If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet: Refer to the question number to which your answer applies, and attach your answer to this questionnaire.

Your responses to these questions will help to organize your case and will save you money on attorney's fees in trying to gather and assemble information after the case is in progress should you retain our firm. Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege.

NOTICE OF CONFIDENTIALITY

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF EVIDENCE.

THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT.

THE CONTENTS OF THIS DOCUMENT ARE CONFIDENTIAL AND ARE NOT TO BE DISCLOSED TO THIRD PERSONS OTHER THAN THOSE TO WHOM DISCLOSURE IS MADE IN FURTHERANCE OF THE RENDITION OF PROFESSIONAL LEGAL SERVICES.

1. YOUR INFORMATION:

a. Name: _____
(First) (Middle) (Last) (Maiden)

b. Birth Date: _____ Age: _____

c. Birth Place: _____
(City) (State) (County)

d. Social Security Number: _____

e. Driver's License Number and Issuing state: _____

f. County of Residence: _____

g. How long have you resided in that county: _____

h. Current Residence:
Address: _____

City, State & Zip: _____

How long at this address? _____

Residence Telephone: _____ Residence Fax: _____

Cellular Telephone: _____

Primary e-mail address: _____

Should we call prior to sending an e-mail and/or fax? Yes ____ No ____

i. Occupation: _____

Employer's Name: _____

Employer's Address: _____

Business Telephone: _____ Business Fax _____

Business email: _____

Should we call prior to sending an e-mail and/or fax: Yes ____ No ____

2. Address at which you wish to receive mail from this office if different from your residence address.

Address: _____

City, State & Zip: _____

3. What is your preferred method of receiving communications and documents from our office? _____

4. HAVE YOU BEEN SERVED WITH A LAWSUIT? _____
IF SO, ON WHAT DATE WERE YOU SERVED? _____

PLEASE HAVE A COPY OF THE DOCUMENT YOU WERE SERVED WITH READY FOR OUR REVIEW.

5. **OPPOSING PARTY INFORMATION**

a. Name: _____

b. Address: _____

City, State & Zip: _____

Telephone: _____ Fax: _____

Cellular Telephone: _____

Email address: _____

c. Insurance Company: _____

Address _____

Telephone: _____ Fax: _____

Business email address: _____

6. Please allow our office to make a copy of your current driver's license for our file.

WHO REFERRED YOU TO OUR OFFICE? _____

I UNDERSTAND that a consultation fee of \$300.00 will be charged.

I ACKNOWLEDGE that a consultation fee will be paid upon my initial consultation.

Date: _____ Signature: _____

Consultation fee received by: _____

Method of Payment: _____