

# LAW OFFICE OF SAM M. (TREY) YATES, III, P.C.

## ATTORNEY ~ MEDIATOR

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### Client Information

## Client Initial Interview Form in Divorce

\*\*\*\*\*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. Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

c. Birth Place: \_\_\_\_\_  
(City) (State) (County)

d. Social Security Number: \_\_\_\_\_

e. Driver's License Number and Issuing state: \_\_\_\_\_

f. How long have you resided in your county: \_\_\_\_\_

g. Current Residence:  
Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Residence Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

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

Cellular Telephone: \_\_\_\_\_

h. Occupation: \_\_\_\_\_  
Employer's Name: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Business Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
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. HAVE YOU BEEN SERVED WITH A LAWSUIT? \_\_\_\_\_  
IF SO, ON WHAT DATE WERE YOU SERVED? \_\_\_\_\_

4. **SPOUSE**

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. Current Residence:  
Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Residence Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Cellular Telephone: \_\_\_\_\_

g. Occupation: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

IF APPLICABLE PLEASE PROVIDE ANY ADDITIONAL INFORMATION TO ASSIST US IN LOCATING AND SERVING THE OPPOSING PARTY WITH THE LAWSUIT:

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5. **MARRIAGE**

Date: \_\_\_/\_\_\_/\_\_\_ City and State: \_\_\_\_\_

Do you and your spouse have a premarital agreement? \_\_\_\_\_

Are you now separated from your spouse? \_\_\_\_\_

If so, date of separation: \_\_\_\_\_

6. **CHILDREN OF THIS MARRIAGE**

Do you and your spouse have children who have not yet graduated from high school? If so, state their names, birth date, birth place (City, State & County), and social security numbers.

a. Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ SS# \_\_\_-\_\_\_-\_\_\_

b. Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ SS# \_\_\_-\_\_\_-\_\_\_

c.. Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ SS# \_\_\_-\_\_\_-\_\_\_

d. Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ SS# \_\_\_-\_\_\_-\_\_\_

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

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8. If your spouse has consulted with or retained an attorney on this matter give that attorney's name.

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9. Who referred you to our office? \_\_\_\_\_

10. I UNDERSTAND that a consultation fee of \$\_\_\_\_\_ 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: \_\_\_\_\_