

LAW OFFICES OF MARK C. THOMPSON

CLIENT INTERVIEW SHEET
Paternity/Modification/Enforcement

Date: _____

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 problem. All information will be held in strict confidence.

1. Please give your full name, date and place of birth, and Social Security number.

a. Name: _____

b. Date of birth: _____

c. Place of birth: _____

d. Social Security Number: _____

e. Driver's License Number: _____

f. Address: _____

g. City, State, Zip: _____

h. Home telephone number. _____

i. Mobile phone: _____

j. Email: _____

k. Fax number: _____

4. Please complete the following concerning your employment.

a. Employer: _____

b. Job Title: _____

c. Street Address: _____

d. City, State, Zip: _____

- e. Telephone number: _____
- f. Gross salary per month or annually: \$ _____
- g. Length of employment: _____
- h. Education: _____

5. Criminal Background (if applicable):

6. Please give your opponent's full name, date and place of birth, and Social Security number.

- a. Name: _____
- b. Date of birth: _____
- c. Place of birth: _____
- d. Social Security Number: _____
- e. Driver's License Number: _____
- f. Address: _____
- g. City, State, Zip: _____
- h. Residence telephone number: _____
- i. Mobile phone _____

8. Complete the following concerning your opponent's employment.

- a. Employer: _____
- b. Job Title: _____
- c. Street Address: _____
- d. City, State, Zip: _____
- e. Telephone number: _____

f. Spouse's gross salary per month or annually: \$ _____

g. Length of opponent's employment: _____

h. Education of opponent: _____

9. Criminal Background (if applicable):

10. Please give the date of your last court order.

Decree of Divorce: _____ or Modification: _____

City, County, State: _____

11. Please give full name, date and place of birth, sex, Social Security number, and driver's license number of each child that will be involved in this lawsuit.

A. NAME: _____
SEX: _____
BIRTHPLACE: _____
BIRTH DATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

B. NAME: _____
SEX: _____
BIRTHPLACE: _____
BIRTH DATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

C. NAME: _____
SEX: _____
BIRTHPLACE: _____
BIRTH DATE: _____
DRIVER'S LICENSE NO: _____ STATE: _____
SOCIAL SECURITY NUMBER: _____

12. Does your opponent have an attorney _____. If so, who: _____

13. What is your religious preference? _____.
What is your opponent's religious preference? _____.

14. Where are the children living at this time? _____

15. At what address do you wish to receive mail from this office?

Referral:

Who referred you to this office? _____