

**CLIENT INTERVIEW SHEET**

*Name Change*

Date: \_\_\_\_\_

Please complete this questionnaire. All information will be held in strict confidence.

- a. Full, current name: \_\_\_\_\_
- b. Full, new name: \_\_\_\_\_
- c. Date of birth: \_\_\_\_\_
- d. Ethnicity: \_\_\_\_\_
- e. Place of birth: \_\_\_\_\_
- f. Social Security number: \_\_\_\_\_
- g. Driver's License number: \_\_\_\_\_
- h. Address: \_\_\_\_\_
- i. Telephone number. \_\_\_\_\_
- j. Email \_\_\_\_\_
- k. Have you been charged with an offense higher then a class C misdemeanor? \_\_\_\_\_
- l. Have you been convicted of a felony? \_\_\_\_\_
- m. Why do you want to change your name?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**Referral:**

Who referred you to this office? \_\_\_\_\_