

LAW OFFICE OF MARK C. THOMPSON

**CLIENT INTERVIEW SHEET**  
*Paternity/Modification/Enforcement*

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

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

1. Information about you:

- a. Name: \_\_\_\_\_  
*First Middle Last Maiden*
- b. Date and place of birth: \_\_\_\_\_
- c. Social Security number: \_\_\_\_\_
- d. Driver's License number: \_\_\_\_\_
- e. Address: \_\_\_\_\_
- f. Telephone number: \_\_\_\_\_
- g. Email: \_\_\_\_\_

2. Information about your employment:

- a. Employer: \_\_\_\_\_
- b. Job title/length of employment: \_\_\_\_\_
- c. Address: \_\_\_\_\_
- d. Telephone number: \_\_\_\_\_
- e. Gross salary per month or annually: \$ \_\_\_\_\_
- f. Education: \_\_\_\_\_
- g. Other sources of income: \_\_\_\_\_

3. Criminal Background (if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Information about your opponent:

- a. Name: \_\_\_\_\_  
*First Middle Last Maiden*
- b. Date and place of birth: \_\_\_\_\_
- c. Social Security Number: \_\_\_\_\_
- d. Driver's License Number: \_\_\_\_\_
- e. Address: \_\_\_\_\_
- f. Telephone number: \_\_\_\_\_
- g. Email: \_\_\_\_\_

5. Information about your opponent's employment:

- a. Employer: \_\_\_\_\_
- b. Job title/length of employment: \_\_\_\_\_
- c. Address: \_\_\_\_\_
- d. Telephone number: \_\_\_\_\_
- e. Spouse's gross salary per month or annually: \$ \_\_\_\_\_
- f. Education of spouse: \_\_\_\_\_
- g. Other sources of income: \_\_\_\_\_

6. Criminal Background (if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Please give the date of your last court order. \_\_\_\_\_

County, State: \_\_\_\_\_

8. 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: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

B. Name / Sex: \_\_\_\_\_  
Birthplace: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

C. Name / Sex: \_\_\_\_\_  
Birthplace: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

9. Does your opponent have an attorney? Yes/No/I don't know  
Who? \_\_\_\_\_

10. Where are the children living at this time? \_\_\_\_\_

11. At what address do you wish to receive mail from this office?  
\_\_\_\_\_

Referral:

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