

INITIAL CLIENT INTERVIEW FORM

Date of Visit ___/___/___

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Full Name; _____

Address: _____

City/State/Zip: _____

Home Phone: _____; Cell Phone: _____; Work Phone: _____;

E-Mail: _____;

Check and/or comment if you cannot receive mail at the mail at home address or contact at the above phones or email: _____

Age: ____; Date of birth: ___/___/____; S. Security: ___-__-____

Last 4 of Driver's License: _____. State of Birth: _____.

List all previous names: _____

Education Level (H. School, College, # of years): _____

Occupation / Job Title: _____

Employer: _____

How long: _____ Gross Earnings: _____

Full or Part time: _____ Other income sources: _____

Emergency Contact Information (relative or friend): _____

Are you an Oregon Resident? _____ How long? _____

What County do you live in? _____

Date and Place of Marriage: _____

Date of Separation: _____

Have you already seen a Lawyer regarding this matter? _____

If so, who? _____

What is the desired result for this matter? _____

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Children of this Marriage or Relationship?

Name: First, M.I. & Last	Age / DOB	Living with: Mom, Dad or both?	Custody Issue?
	/		
	/		
	/		
	/		

Does any child have any significant or ongoing medical problem? _____

Spouse (other party) Information

Full name: _____ Address: _____

All Previous Last Names: _____

Place of Birth (city, state): _____ Age: ___ DOB: ___/___/___

Soc. Sec # _____ Last 4 of Driver's License: _____ (if known)

Education Level (H. School, College, # of years): _____

Occupation / Employer: _____

How long: _____ Gross Monthly pay: _____ Full or Part time: _____

Other income sources: _____ Any Retirement accounts? _____

Does Spouse/Other have any significant medical problems? Specify _____

NEW DIVORCE OR LEGAL SEPERATION CASES ONLY:

Will Spouse contest this action? ___ Which Issues? _____

Number of this marriage? (1st, 2nd, etc) You _____; Spouse _____

Are there any written premarital or post marital agreements? _____

Do either you or your spouse want a former surname restored in the judgment? _____

Main issues you wish to discuss during our consultation:

How did you hear about me?

Internet? – Yelp ___ Dex ___ Google ___ Other ___

Phone Book? If so, which? _____

Word of Mouth Referral? If so, who? _____

Other? _____