

INITIAL INTERVIEW AGREEMENT



You have scheduled an interview with The Law Collaborative to discuss a personal legal matter. The purpose of this agreement is to inform you of the nature of our initial interview and to allow you to acknowledge your understanding and agreement with our firm's standard terms for initial interviews.

Our initial interview will be preliminary only. The purpose of the initial interview is for you to determine whether you wish to retain The Law Collaborative to represent you and for us to determine whether we shall accept your case.

There is a charge of \$500 for your visit today. If your visit is in regards to a second opinion, the charge is \$750 for reviewing, analyzing, and discussing your ongoing case. How do you wish to pay for our services?

- Cash \$500 \$750
 Check# _____ \$500 \$750
 Credit Card # _____ \$500 \$750

Unless and until you and I sign a written retainer agreement and you pay the initial retainer amount, there will be no lawyer-client relationship between you and The Law Collaborative.

Before I can represent you, I must be certain I have never represented the adverse party. Please state each name used by the adverse party:

I AGREE TO THE FOREGOING

Date: _____

Date: _____

PROSPECTIVE CLIENT

PROSPECTIVE CLIENT



Experts in Collaborative Law & Mediation, Excellence in Litigation

THE LAW COLLABORATIVE

LOS ANGELES

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CONFIDENTIAL INFORMATION FORM

NOTE: PLEASE TAKE THE TIME TO COMPLETE THE FOLLOWING FORM. BE AS DESCRIPTIVE AND SPECIFIC AS POSSIBLE, IGNORING QUESTIONS THAT DO NOT APPLY TO YOU. THIS FORM, IF FILLED OUT THOROUGHLY, CAN SAVE TIME, AND THEREFORE, MONEY. PLEASE BRING THIS FORM TO YOUR FIRST OFFICE VISIT. THANK YOU.

YOUR NAME: _____ HOME PHONE # (____) _____
LAST, FIRST

WORK PHONE # (____) _____ CELL # (____) _____

PRESENT ADDRESS: _____ HOW LONG? _____
STREET YRS/MOS

CITY, STATE, ZIP

MAILING ADDRESS: _____
STREET CITY, STATE, ZIP

DRIVER'S LICENSE NO.: _____ S.S. NO.: _____ - _____ - _____

DATE OF BIRTH _____ E-MAIL ADDRESS: _____

SPOUSE'S NAME: _____ HOME PHONE # (____) _____
LAST, FIRST

WORK PHONE # (____) _____ CELL # (____) _____

PRESENT ADDRESS: _____ HOW LONG? _____
STREET YRS/MOS

CITY, STATE, ZIP

MAILING ADDRESS: _____
STREET CITY, STATE, ZIP

DRIVER'S LICENSE NO.: _____ S.S. NO.: _____ - _____ - _____

DATE OF BIRTH _____ E-MAIL ADDRESS: _____

YOUR OCCUPATION: _____ CURRENTLY EMPLOYED? Y/N _____

EMPLOYER _____ TELEPHONE _____
COMPANY NAME AND ADDRESS _____

JOB TITLE _____ HOW LONG _____ SALARY _____

MAJOR DUTIES _____ EXPECTED INCREASE? _____

DESCRIBE ANY INCENTIVE PLAN _____

VALUE OF PENSION AND PROFIT SHARING _____

ESTIMATE AND DESCRIBE BENEFITS _____

HOW LONG DO YOU EXPECT TO WORK THERE? _____

EDUCATION: HIGH SCHOOL DIPLOMA? _____ COLLEGE? _____
Y/N PLACE/YEARS

DEGREE(S) EARNED _____ CERTIFICATES _____

OTHER VOCATIONAL SKILLS _____

SPOUSE'S (OR PARTNER'S) OCCUPATION: _____ CURRENTLY EMPLOYED? _____

SPOUSE'S EMPLOYER _____ TELEPHONE _____
COMPANY NAME AND ADDRESS _____

JOB TITLE _____ HOW LONG _____ SALARY _____

MAJOR DUTIES _____ EXPECTED INCREASE? _____

DESCRIBE ANY INCENTIVE PLAN _____

VALUE OF PENSION AND PROFIT SHARING _____

ESTIMATE AND DESCRIBE BENEFITS _____

HOW LONG DO YOU EXPECT TO WORK THERE? _____

EDUCATION: HIGH SCHOOL DIPLOMA? _____ COLLEGE? _____
Y/N PLACE/YEARS

DEGREE(S) EARNED _____ CERTIFICATES _____

OTHER VOCATIONAL SKILLS _____

WERE YOU SERVED WITH "PAPERS"? Y N IF YES, WHEN? _____

WHAT WAS IT AND WHAT IS THE CASE #? _____

IS YOUR SPOUSE REPRESENTED BY AN ATTORNEY? YES or NO

NAME OF ATTORNEY: _____

DATE OF MARRIAGE: _____ PLACE: _____
MO./DAY/YR. CITY, STATE

DATE OF SEPARATION: _____ PREVIOUS MARRIAGE? YES or NO
MO./DAY/YR. (CIRCLE ONE)

DATE OF PREVIOUS MARRIAGE(S): _____ TO _____ , _____ TO _____
MO/YR MO/YR MO/YR MO/YR

IF YOU HAVE NOT BEEN SERVED, PLEASE STATE THE SITUATION(S) WHICH PROMPTED YOU TO SEEK LEGAL ASSISTANCE:

ARE THERE ANY CHILDREN FROM THIS RELATIONSHIP? YES or NO
(CIRCLE ONE)

IF SO, PLEASE COMPLETE THE FOLLOWING:

NAME	D.O.B.	GENDER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IF YOU ARE ALREADY SEPARATED, WHAT IS YOUR CURRENT ARRANGEMENT FOR CUSTODY AND VISITATION WITH THE CHILDREN? _____

DESCRIBE ANY SPECIAL REQUESTS RE: CUSTODY AND VISITATION WITH YOUR CHILDREN

DESCRIBE HOW YOUR CHILDREN FEEL ABOUT CUSTODY AND VISITATION.

DESCRIBE ANY PHYSICAL, MENTAL DISORDER OR CONDITION WHICH AFFECTS THIS CASE.

DESCRIBE RECENT COHABITATION ARRANGEMENTS (e.g., LIVING WITH A NEW PARTNER) INVOLVING EITHER YOU OR YOUR SPOUSE WHICH MAY AFFECT SUPPORT ORDERED

DO YOU and/or YOUR SPOUSE POSSESS ANY FIREARM? YES or NO
CIRCLE ONE

DESCRIBE ANY PROBLEMS WITH RELATIVES REGARDING THIS SITUATION.

DESCRIBE ANY OTHER CIRCUMSTANCES OR PROBLEMS THAT AFFECT THIS CASE.

WHAT ARE YOUR TWO GREATEST CONCERNS, RIGHT NOW?

1. _____
2. _____

	YES	NO
HAVE YOU CONSIDERED COUNSELING?	_____	_____
HAS A LAWYER BEEN PREVIOUSLY CONTACTED FOR THIS LEGAL SITUATION?	_____	_____
DO YOU THINK A COURT ORDERED CUSTODY INVESTIGATION SHOULD BE DONE?	_____	_____
DO YOU FEEL YOU NEED THE PROTECTION OF A "RESTRAINING ORDER?"	_____	_____

HAVE YOU AND YOUR SPOUSE/PARTNER DISCUSSED THESE OPTIONS?:(CIRCLE ALL THAT APPLY)

- MEDIATION • COLLABORATIVE LAW • ARBITRATION • MARITAL COUNSELING
_____ WE HAVE NOT DISCUSSED THE SITUATION OTHER _____

EXACTLY, HOW WOULD YOU WANT THIS SITUATION TO BE RESOLVED? (BE SPECIFIC)

WHAT KIND OF DIVORCE/PROCESS DO YOU WANT? _____

DOES YOUR BEHAVIOR SUPPORT A COMMITMENT TO THAT KIND OF DIVORCE? _____

PLEASE ADVISE US OF THE FOLLOWING INFORMATION IN CASE OF SERVING PAPERS: _____

HOURS PAPERS SHOULD BE SERVED: _____

PHYSICAL DESCRIPTION: AGE: _____ HEIGHT: _____ WEIGHT: _____

HAIR COLOR: _____ GLASSES? _____ MOUSTACHE/BEARD? _____

COMPLEXION: _____ OTHER DISTINGUISHING FEATURES: _____

WHAT TYPE OF CAR DOES HE/SHE DRIVE? _____
MAKE, MODEL, YEAR AND COLOR

PLEASE PROVIDE THE NAME OF SOMEONE WHO WILL KNOW HOW TO REACH YOU AT ANY TIME.

_____ () _____
LAST NAME, FIRST RELATIONSHIP TELEPHONE

HOW DID YOU FIND OUT ABOUT OUR LAW OFFICE?

REFERRED BY: _____ () _____
FRIEND OR ATTORNEY'S NAME TELEPHONE

SEARCH ENGINE (CIRCLE ONE) GOOGLE YAHOO BING OTHER _____

WEBSITE _____

BROCHURE _____

ARTICLE IN PERIODICAL _____
NAME OF PERIODICAL DATE

YELLOW PAGE ADVERTISEMENT – Please circle one

BEVERLY HILLS

LOS ANGELES

SAN FERNANDO VALLEY WEST

SAN FERNANDO VALLEY EAST

VENTURA/SIMI

TELEVISION ADVERTISEMENT _____

Thank you for taking the time to complete this form. Please allow our office to copy your driver license.