

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: \_\_\_\_\_

\_\_\_\_\_  
PROSPECTIVE CLIENT

\_\_\_\_\_  
ATTORNEY



# CLIENT INFORMATION FORM

NOTE: PLEASE TAKE THE TIME TO COMPLETE THE 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. THIS FORM SHOULD BE WITH YOU ON YOUR FIRST OFFICE VISIT. THANK YOU.

\_\_\_\_\_  
DATE OF CALL

\_\_\_\_\_  
REFERRAL SOURCE

\_\_\_\_\_  
DATE OF APPOINTMENT

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? \_\_\_\_\_

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?  YES OR  NO COLLEGE? \_\_\_\_\_  
DEGREE(S) EARNED \_\_\_\_\_ PLACE/YEARS  
OTHER VOCATIONAL SKILLS \_\_\_\_\_  
CERTIFICATES \_\_\_\_\_

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

SPOUSE'S EMPLOYER \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
COMPANY NAME AND ADDRESS \_\_\_\_\_

JOB TITLE \_\_\_\_\_ HOW LONG \_\_\_\_\_ MO. SALARY \_\_\_\_\_

MAJOR DUTIES \_\_\_\_\_ EXPECTED INCREASE? \_\_\_\_\_

DESCRIBE ANY INCENTIVE PLAN \_\_\_\_\_

VALUE OF PENSION AND PROVIDE SHARING \_\_\_\_\_  
ESTIMATE AND DESCRIBE BENEFITS \_\_\_\_\_

HOW LONG WILL SPOUSE EXPECT TO WORK THERE? \_\_\_\_\_

EDUCATION: HIGH SCHOOL DIPLOMA?  YES OR  NO COLLEGE? \_\_\_\_\_  
DEGREE(S) EARNED \_\_\_\_\_ PLACE/YEARS  
OTHER VOCATIONAL SKILLS \_\_\_\_\_  
CERTIFICATES \_\_\_\_\_

# CASE INFORMATION

HAVE YOU BEEN SERVED WITH "PAPERS"? YES or NO IF YES, WHEN? \_\_\_\_\_  
(CIRCLE ONE)

IS YOUR SPOUSE REPRESENTED BY AN ATTORNEY? YES or NO  
(CIRCLE ONE)

NAME OF ATTORNEY: \_\_\_\_\_

DATE OF MARRIAGE: \_\_\_\_\_  
MO./DAY/YR.

PLACE: \_\_\_\_\_  
CITY, STATE

DATE OF SEPARATION: \_\_\_\_\_  
MO./DAY/YR.

PREVIOUS MARRIAGE? YES or NO  
(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? \_\_\_\_\_

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

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DESCRIBE HOW YOUR CHILDREN FEEL ABOUT CUSTODY AND VISITATION.

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

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

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

DESCRIBE ANY PROBLEMS WITH RELATIVES REGARDING THIS SITUATION.

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DESCRIBE ANY OTHER CIRCUMSTANCES OR PROBLEMS THAT AFFECT THIS CASE.

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WHAT ARE YOUR TWO GREATEST CONCERNS, RIGHT NOW?

1.

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2.

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	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?: (CHECK 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) \_\_\_\_\_

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WHAT KIND OF DIVORCE/PROCESS DO YOU WANT? \_\_\_\_\_

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

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WHAT IS THE REAL COST OF DIVORCE YOU ARE OPEN TO? \_\_\_\_\_

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 GIVE US THE NAME OF A PERSON WHO WILL KNOW HOW TO GET IN TOUCH WITH YOU AT ANY TIME.

\_\_\_\_\_  
LAST NAME, FIRST TELEPHONE NUMBER ( )  
RELATIONSHIP

HOW DID YOU FIND OUT ABOUT OUR LAW OFFICE?

REFERRED BY: \_\_\_\_\_ ( )  
FRIEND'S NAME TELEPHONE NUMBER

REFERRED BY: \_\_\_\_\_ ( )  
FRIEND'S NAME TELEPHONE NUMBER

BROCHURE \_\_\_\_\_

ARTICLE IN PERIODICAL \_\_\_\_\_  
NAME OF PERIODICAL DATE

YELLOW PAGE ADVERTISEMENT - Please circle one

SAN FERNANDO VALLEY WEST  
VENTURA/SIMI

SAN FERNANDO VALLEY EAST  
LOS ANGELES

TELEVISION ADVERTISEMENT-WHY? \_\_\_\_\_

WEBSITE \_\_\_\_\_

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