

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

POST DISSOLUTION INFORMATION FORM

NOTE: PLEASE TAKE THE TIME TO COMPLETE THE THE FOLLOWING FORM. BE AS DESCRIPTIVE AND SPECIFIC AS POSSIBLE. 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 APPOINTMENT

REFERRAL SOURCE

CLIENT

YOUR NAME: _____ TELEPHONE _____

LAST, FIRST

PRESENT ADDRESS: _____ HOW LONG? _____

STREET CITY, STATE, ZIP YRS/MOS

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

TODAY'S DATE _____ DATE OF BIRTH _____

EX-SPOUSE

EX-SPOUSE'S NAME: _____ TELEPHONE _____

LAST, FIRST

PRESENT ADDRESS: _____ HOW LONG? _____

STREET CITY, STATE, ZIP YRS/MOS

COUNSEL

IS YOUR EX-SPOUSE REPRESENTED BY COUNSEL? IF SO, PLEASE COMPLETE THE FOLLOWING:

COUNCIL'S NAME _____ TELEPHONE _____

LAST, FIRST

ADDRESS: _____

STREET, CITY, STATE, ZIP

CHILDREN

ARE THERE ANY CHILDREN FROM THIS MARRIAGE? _____ OR _____
YES NO

IF SO, PLEASE COMPLETE THE FOLLOWING:

<u>NAME</u>	<u>ADDRESS</u>	<u>BIRTHDAY</u>	<u>SEX</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CLIENT EMPLOYMENT

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 DO YOU EXPECT TO WORK THERE? _____

EDUCATION: HIGH SCHOOL DIPLOMA? _____ OR _____ COLLEGE? _____
YES NO PLACE/YEARS

DEGREE(S) EARNED _____ CERTIFICATES _____

OTHER VOCATIONAL SKILLS _____

EX-SPOUSE EMPLOYMENT

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 EX-SPOUSE EXPECT TO WORK THERE? _____

EDUCATION: HIGH SCHOOL DIPLOMA? _____ OR _____ COLLEGE? _____
YES NO PLACE/YEARS

DEGREE(S) EARNED _____ CERTIFICATES _____

OTHER VOCATIONAL SKILLS _____

PAST

DATE OF MARRIAGE _____ PLACE _____
DATE OF SEPARATION _____ ANY PREVIOUS MARRIAGE(S)? _____
DATE(S) OF ANY PREVIOUS MARRIAGE(S) FROM _____ TO _____

C A S E I N F O R M A T I O N

PLEASE STATE THE SITUATION(S) WHICH PROMPTED YOU TO SEEK LEGAL ASSISTANCE:

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

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

DESCRIBE ANY SPECIAL REQUESTS RE: CUSTODY AND VISITATION WITH YOUR CHILDREN (IF APPLICABLE).

DESCRIBE HOW YOUR CHILDREN FEEL ABOUT CUSTODY AND/OR VISITATION.

EMERGENCY

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

NAME _____

TELEPHONE _____

RELATIONSHIP _____

HOW DID YOU FIND OUT ABOUT OUR LAW OFFICE?

REFERRED BY _____
FRIEND'S NAME

TELEPHONE _____

REFERRED BY _____
ATTORNEY'S NAME

TELEPHONE _____

BROCHURE _____

PERIODICAL _____

YELLOW PAGES _____
