

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





YOUR OCCUPATION: \_\_\_\_\_ CURRENTLY EMPLOYED? \_\_\_\_\_

EMPLOYER \_\_\_\_\_ TELEPHONE ( ) \_\_\_\_\_

COMPANY NAME AND ADDRESS

JOB TITLE \_\_\_\_\_ HOW LONG \_\_\_\_\_ MO. 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? \_\_\_\_\_ OR \_\_\_\_\_ COLLEGE? \_\_\_\_\_

YES NO PLACE/YEARS

DEGREE(S) EARNED \_\_\_\_\_ CERTIFICATES \_\_\_\_\_

OTHER VOCATIONAL SKILLS \_\_\_\_\_

DESCRIBE THE ESTIMATED VALUE OF THE FOLLOWING BENEFITS:

YOUR ACCRUED VACATION TIME \_\_\_\_\_

YOUR ACCRUED PAID SICK LEAVE \_\_\_\_\_

YOUR ACCRUED PERSONAL TIME \_\_\_\_\_

BONUSES/COMMISSIONS/ GIFTS \_\_\_\_\_

OTHER/DESCRIBE: \_\_\_\_\_

PARTNER'S OCCUPATION: \_\_\_\_\_ CURRENTLY EMPLOYED? \_\_\_\_\_

PARTNER'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 PROFIT SHARING \_\_\_\_\_

ESTIMATE AND DESCRIBE BENEFITS

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

EDUCATION: HIGH SCHOOL DIPLOMA? \_\_\_\_\_ OR \_\_\_\_\_ COLLEGE? \_\_\_\_\_

YES NO PLACE/YEARS

DEGREE(S) EARNED \_\_\_\_\_ CERTIFICATES \_\_\_\_\_

OTHER VOCATIONAL SKILLS \_\_\_\_\_

HOW MANY ATTORNEYS HAVE YOU CONTACTED IN THIS MATTER? HOW MANY ATTORNEYS HAVE YOU RETAINED? \_\_\_\_\_

DO YOU HAVE ANY CHILDREN OR OTHER BENEFICIARIES? YES or NO (CIRCLE ONE)

IF SO, PLEASE COMPLETE THE FOLLOWING:

<u>NAME AND GENDER (M or F)</u>	<u>D.O.B.</u>	<u>OTHER PARENT'S NAME</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DOES YOUR PARTNER HAVE ANY CHILDREN OR OTHER BENEFICIARIES? YES or NO  
(CIRCLE ONE)

IF SO, PLEASE COMPLETE THE FOLLOWING:

<u>NAME AND GENDER (M or F)</u>	<u>D.O.B.</u>	<u>OTHER PARENT'S NAME</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DO YOU OR YOUR PARTNER HAVE ANY HISTORY OF DOMESTIC VIOLENCE IN ANY  
RELATIONSHIP? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAS EITHER PARTY EVER BEEN ARRESTED FOR A CRIMINAL CHARGE? WHY? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ASSET INFORMATION

<u>ASSET</u>	<u>ESTIMATED VALUE/DESCRIPTION</u>
CHECKING ACCOUNT(S)	_____
SAVING ACCOUNT(S)	_____
INVESTMENT ACCOUNT(S)	_____
STOCKS/BONDS	_____
RETIREMENT PLAN(S)	_____
LIFE INSURANCE	_____
PENSION	_____
OTHER	_____
PERSONAL PROPERTY:	
JEWELRY	_____
AUTOMOBILE(S)	_____
BOAT	_____

ART/ANTIQUES \_\_\_\_\_

SPECIAL FURNISHINGS \_\_\_\_\_

SILVER/CHINA \_\_\_\_\_

OTHER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE ANY BUSINESS INTERESTS/ASSETS YOU HAVE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REAL PROPERTY INFORMATION

LIST ALL REAL ESTATE PROPERTIES YOU OWN OR HAVE AN INTEREST IN:

ADDRESS

DESCRIPTION OF YOUR INTEREST

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

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

DEBT AND LIABILITY INFORMATION

LIST ALL CREDITORS TO WHOM YOU OWE:

NAME OF CREDITOR

ESTIMATED DEBT OWING

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

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

HAVE YOU OR YOUR PARTNER FILED FOR A CHAPTER 7 AT ANY TIME IN THE PAST? WHEN?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE THERE ANY LAWSUITS PENDING OR JUDGMENTS OWING ON PRIOR LAWSUITS? DESCRIBE:  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE ANY TAX LIABILITIES OR ANTICIPATE FUTURE TAX LIABILITIES? DESCRIBE:

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

DESCRIBE ANY OTHER LIABILITIES OR LIENS ON PROPERTY, PRESENT OR FUTURE:

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

HAVE YOU OR YOUR PARTNER PREVIOUSLY COMPLETED:

WILL	Y	N	DATE: _____
TRUST	Y	N	DATE: _____
ESTATE PLANNING	Y	N	DATE: _____
GUARDIANSHIP	Y	N	DATE: _____
OTHER	Y	N	DATE: _____

PLEASE DESCRIBE ANY OTHER PROPERTY ISSUES OF CONCERN:

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

DESCRIBE ANY PHYSICAL, MENTAL DISORDER OR CONDITION THAT MAY AFFECT AN AGREEMENT: \_\_\_\_\_

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

DESCRIBE ANY SPECIAL REQUESTS OR CONCERNS REGARDING THE HANDLING OF A PRE-MARITAL AGREEMENT:

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

WHAT IS YOUR EXPECTATION OF AN OUTCOME? \_\_\_\_\_

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

DESCRIBE ANY PROBLEMS WITH RELATIVES THAT MAY EFFECT AN AGREEMENT.

\_\_\_\_\_

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DESCRIBE ANY OTHER CIRCUMSTANCES OR PROBLEMS THAT MAY AFFECT THIS CASE.

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DO YOU AND/OR YOUR PARTNER POSSESS ANY FIREARM? YES \_\_\_\_\_ NO \_\_\_\_\_

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

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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-WHY? \_\_\_\_\_

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

WEB SITE - WHY? \_\_\_\_\_

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