

Demonstration

CLIENT INTERVIEW INFO FORM (INDIVIDUALS)

1. Name
2. Home address
3. Business address
4. Address where attorney's billings should be sent
5. Telephone numbers
 - Home
 - Work (days and hours)
 - Secretary's name and telephone number
 - Telecopier or fax number
 - Car telephone number
 - Best telephone number for messages
6. Employer
7. Occupation
8. Date and place of birth
9. Driver's license number
10. Social security number
11. United States citizen? ____ (If not, state immigration status)
12. Spouse's name
 - Date of birth
 - Date of marriage
 - Address, if different
 - Work address
 - Home telephone number, if different
 - Work telephone number (days and hours)
13. Insurance information (if relevant)
 - Name of insurance agent
 - Home insurance coverage
 - Vehicle insurance coverage
 - Medical insurance coverage
 - Other
14. Have you ever consulted another lawyer about this case?
If so, name
15. Have you been served with any papers concerning this case?
Describe briefly
16. Do you have any documents relating to this case (e.g.,
correspondence, invoices)?

D e m o n s t r a t i o n

Describe

17. Where are your files or papers relating to this case?

18. Are you aware of any witnesses or people with knowledge of the facts of this case?

Identify

19. Have you made any statements to anyone concerning this case?
To whom/when/what

20. Referred by