

CHRISTINE K. JONTÉ & ASSOCIATES

INITIAL INTERVIEW QUESTIONNAIRE

Date: _____

For Office Use Only	
Retainer? _____	Date Paid? _____
Amt. Paid? _____	Balance Due? _____
Date Interviewed? _____	Matter? _____

YOUR FULL NAME: _____ Maiden name: _____
Date of Birth: _____ Place of birth: _____ Age: _____ Race: _____
Your home address: _____
City: _____ County: _____ Zip: _____
Your mailing address: _____
Your S.S.#: _____ D.L.# and state: _____
Your home phone number: _____ Mobile number: _____
Your employer's name: _____ Job title: _____
Your employer's address: _____
City: _____ Zip: _____
Your employer's phone number: _____ Avg. monthly income: _____
May we contact you via email? If so, email address: _____

(SPOUSE'S/OPPOSING PARTY'S INFORMATION)

FULL NAME: _____ Maiden Name _____
Date of Birth: _____ Place of birth: _____ Age: _____ Race: _____
Home address: _____
City: _____ Zip: _____
Home phone number: _____ Mobile number: _____
S.S.#: _____ D.L.# and state: _____
Employer's name: _____ Job title: _____
Employer's address: _____
City: _____ Zip: _____
Employer's phone number: _____ Avg. monthly income: _____

(Answer following if applicable:)

Date of marriage: _____ Place of marriage(city, state): _____
Date of separation: _____ Number of children of marriage: _____
Do you have any other children for whom you owe a duty of support _____
If yes, how many _____
Date of last Court order: _____ County/State of last Court: _____

(Continue with following if applicable:)

Name of 1st child: _____ SS#: _____ Date of birth: _____
Age _____ Place of birth: _____ M/F: _____ Where is child living: _____
Name of 2nd child: _____ SS#: _____ Date of birth: _____
Age _____ Place of birth: _____ M/F: _____ Where is child living: _____
Name of 3rd child: _____ SS#: _____ Date of birth: _____
Age _____ Place of birth: _____ M/F: _____ Where is child living: _____
Do any of your children have any special needs or health problems: _____

(Please continue on the back with any other child information you may have.)

Whom may we thank for this referral: _____

Please continue on the back of this sheet with any further information. Thank you.