

# INITIAL CLIENT INTERVIEW SHEET

Please complete all the information below. Any information provided on this form is Attorney Client privileged and will not be provided to anyone except by court order or by your consent. Due to this fact all information must be provided otherwise we cannot provide you with a consultation with an Attorney. This information sheet is the property of the Law Office of H. Scott Aalsberg, Esq., P.C. and all information provided will remain confidential, and may be destroyed at any time at the discretion of the Law Office of H. Scott Aalsberg, Esq., P.C.

Date: \_\_\_\_\_ Email Address: \_\_\_\_\_

Full Name: \_\_\_\_\_  
First Middle Last

Your Home Address: \_\_\_\_\_  
Street City State Zip

Mailing Address if Different: \_\_\_\_\_

Home/Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_ Work Phone Number: (\_\_\_\_\_) \_\_\_\_\_

May We Call You At Work if you hire our office to represent you: Yes or No Date of Birth: \_\_\_\_\_

Social Security Number (required for criminal cases only): \_\_\_\_\_

Drivers License Number: \_\_\_\_\_, Are You in the Military Including Reserves: \_\_\_\_\_

Employers Name and Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Do you have a professional license and if so please list: \_\_\_\_\_

Spouses Name: \_\_\_\_\_, May we talk or contact your spouse: \_\_\_\_\_

Opposing Parties Name: \_\_\_\_\_

Attorney for Opposing Party if Known: \_\_\_\_\_

Have we ever represented you in the past \_\_\_\_\_ Have we ever represented the opposing party \_\_\_\_\_

Type of Matter you need a consultation for (Example: Accident, Ticket) \_\_\_\_\_

Your Reason For Coming Here today (please explain fully your legal problem): \_\_\_\_\_

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

Continue on back if needed

How did you hear about us? (Circle one) **Internet** **Newspaper** **Friend** **Radio** **TV** **Billboard**

*After Completing all question, please return this form to the Front Desk*