

SHUFF LAW FIRM
A PROFESSIONAL LAW CORPORATION
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CLIENT INTERVIEW SHEET

INFORMATION REGARDING CLIENT

Date: _____

Client's Name _____ **Birth date** _____

Address _____ **City** _____ **State** _____ **ZIP** _____

Telephone # (Home) (____) _____ **(Work)** (____) _____

Fax # (____) _____ **Cell phone #** (____) _____ **E-Mail** _____

Driver's License # _____ **Social Security #** _____

Employer _____ **Address** _____

City _____ **State** _____ **ZIP** _____ **Starting Date** _____

Occupation _____ **Gross Salary per month** _____ **Payable** _____ **(Attach your last three pay statements)**

Other Income _____ **Highest School Grade** _____ **State of Health** _____

Height _____ **Weight** _____ **Eye color** _____ **Hair Color** _____ **Race** _____

Years in CA _____ **Nearest Relative** _____ **Telephone #()** _____

INFORMATION REGARDING OTHER PARTY

Name _____ **Birth date** _____

Address _____ **City** _____ **State** _____ **ZIP** _____

Telephone # (Home) (____) _____ **(Work)** (____) _____

Fax # (____) _____ **Cell phone #** (____) _____ **E-Mail** _____

Driver's License # _____ **Social Security #** _____

Employer _____ **Address** _____

City _____ **State** _____ **ZIP** _____ **Starting Date:** _____

Occupation _____ **Salary Gross per month:** _____ **Payable** _____

Other Income _____ **Highest School Grade** _____ **State of Health** _____

Height _____ **Weight** _____ **Eye color** _____ **Hair Color** _____ **Race** _____

BRIEF DESCRIPTION OF LEGAL DISPUTE OR MATTER:

____ Child Custody ____ Parenting Plan ____ Child Support ____ Spousal Support
____ Division of Assets & Debts ____ Restraining Orders ____ Domestic Violence ____ Attorney's Fees & Costs

WITNESS (if applicable): _____

NAME: _____ **TELEPHONE NO:** (____) _____

(DO NOT WRITE BELOW THIS LINE)
