

**MASSUCCI LAW GROUP**

**CLIENT INITIAL INTERVIEW  
INFORMATION SHEET**

Date \_\_\_\_\_ Social Security No. \_\_\_\_\_

Full Legal name \_\_\_\_\_ Nickname \_\_\_\_\_

Residence \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ Apt. # \_\_\_\_\_

\_\_\_\_\_

City/County/State/Zip Code \_\_\_\_\_

How long at this address? \_\_\_\_\_

Home Phone \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Mailing (If you do not want us to send any mail to your home)

Address \_\_\_\_\_

Street \_\_\_\_\_ Apt. # \_\_\_\_\_

\_\_\_\_\_

City/County/State/Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

(Where a message can be left)

Fax Number \_\_\_\_\_

May we fax without prior telephone authorization? \_\_\_\_\_

E-mail Address \_\_\_\_\_

May we E-mail without prior telephone authorization? \_\_\_\_\_

\_\_\_\_\_

Cellular/Pager Number \_\_\_\_\_

Employed by \_\_\_\_\_

(Or last employed by)

Position \_\_\_\_\_

Gross per Pay \_\_\_\_\_ Net per Pay \_\_\_\_\_

Employment Address \_\_\_\_\_

Referred By \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Business Phone \_\_\_\_\_

How Often Paid \_\_\_\_\_

Total Gross Income Last Calendar Year \_\_\_\_\_

Highest Education Obtained \_\_\_\_\_

Year Education Completed? \_\_\_\_\_

Name of Present Spouse (If different than Other Party) \_\_\_\_\_

**OTHER PARTY**

(If divorce or dissolution, this refers to present spouse. If this is a matter after a divorce or dissolution, this refers to your former spouse.)

Full Legal name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Nickname \_\_\_\_\_

Residence \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ Apt. # \_\_\_\_\_

\_\_\_\_\_

City/County/State/Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

How long at this address? \_\_\_\_\_ Driver's License Number \_\_\_\_\_  
Employed by \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(Or last employed by)  
Position \_\_\_\_\_ Business Phone \_\_\_\_\_  
Gross per Pay \_\_\_\_\_ Net per Pay \_\_\_\_\_ How Often Paid \_\_\_\_\_  
Employment Address \_\_\_\_\_ Total Income Last Calendar Year \_\_\_\_\_  
Highest Education Obtained \_\_\_\_\_ Year Education completed? \_\_\_\_\_  
Attorney for Other Party \_\_\_\_\_

**MARITAL HISTORY**

Date Married (and/or Divorced) \_\_\_\_\_ Pre-Nuptial Agreement? \_\_\_\_\_  
Date Separated \_\_\_\_\_ Signed? \_\_\_\_\_ yes \_\_\_\_\_ no  
City, County and State of Marriage or Divorce \_\_\_\_\_  
Is Wife Pregnant? \_\_\_\_\_ If yes, state due date \_\_\_\_\_  
(Not Applicable for Problem After Divorce)

**CHILDREN BY THIS MARRIAGE** (or former marriage if this matter relates to a previous divorce) (indicate if adopted)

Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_ SSN \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_ SSN \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_ SSN \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_ SSN \_\_\_\_\_

**RESIDENCES OF ABOVE CHILDREN FOR LAST FIVE YEARS**

From \_\_\_\_\_ To \_\_\_\_\_ Address \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Address \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Address \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Address \_\_\_\_\_

**CHILDREN BY OTHER MARRIAGES** (Include yours and other party's)

Name \_\_\_\_\_ Parents' names \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Child residing at \_\_\_\_\_ With \_\_\_\_\_  
Name \_\_\_\_\_ Parents' names \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Child residing at \_\_\_\_\_ With \_\_\_\_\_  
Name \_\_\_\_\_ Parents' names \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Child residing at \_\_\_\_\_ With \_\_\_\_\_

**HEALTH INSURANCE**

Name of Health Insurance Company \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Policy Number \_\_\_\_\_

Participant Card Available \_\_\_ Yes \_\_\_ No      Prescription Card Available \_\_\_\_\_ Yes \_\_\_ No

Is Insurance Provided through \_Your Employer \_\_\_\_\_ Spouse's Employer

Names of Family members Covered \_\_\_\_\_

Are Premiums Deducted From Salary \_\_ Yes \_\_\_\_\_ No

Additional Policies through Different Source? (List All Pertinent Information)

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

**ADDITIONAL PRELIMINARY INFORMATION**

Marriage problems (or problems after divorce or dissolution). \_\_\_\_\_

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

Please state your goals, in order of importance, including assets desired \_\_\_\_\_

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

List all previous marriages for both parties. \_\_\_\_\_

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

Have you received or paid spousal support? If yes, please specify. \_\_\_\_\_

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List any health problems for either party and/or children. \_\_\_\_\_

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Have you consulted any therapists? \_\_\_\_\_ Whom, when, who attended the sessions, and what advice or results? \_\_\_\_\_

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Have you previously consulted any attorneys within the last year? \_\_\_\_\_ If so, who, when, and for what? \_\_\_\_\_

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What position is taken by the other party in this matter? \_\_\_\_\_

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Please give a brief description of your education, training and job history. \_\_\_\_\_

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