

**MASSUCCI LAW GROUP**

***CLIENT INITIAL INTERVIEW  
INFORMATION SHEET***

Date \_\_\_\_\_  
Full Legal name \_\_\_\_\_  
Address \_\_\_\_\_  
                    Street                      Apt. #  
\_\_\_\_\_  
                    City/State/Zip Code

SS # \_\_\_\_\_  
Nickname \_\_\_\_\_  
Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
Preferred Pronouns \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cellular Phone \_\_\_\_\_

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

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

Address \_\_\_\_\_  
                    Street                      Apt. #  
\_\_\_\_\_  
                    City/ State/Zip Code

E-mail Address \_\_\_\_\_  
Driver's License # \_\_\_\_\_

Employed by \_\_\_\_\_  
(Or last employed by)  
Position \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_  
Work Phone \_\_\_\_\_

***How did you hear about us?***

Personal Referral: \_\_\_\_\_  
MLG Website \_\_\_\_\_  
On-Line Advertisement \_\_\_\_\_  
Print Advertisement \_\_\_\_\_

Which one? \_\_\_\_\_  
Which one? \_\_\_\_\_

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

**OTHER PARTY**

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

Full Legal name \_\_\_\_\_  
Address \_\_\_\_\_  
                    Street                      Apt. #  
\_\_\_\_\_  
                    City/ State/Zip Code

SS # \_\_\_\_\_  
Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
Preferred Pronouns \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cellular Phone \_\_\_\_\_  
Driver's License # \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

How long at this address? \_\_\_\_\_  
Employed by \_\_\_\_\_  
(Or last employed by)  
Position \_\_\_\_\_

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

**RELATIONSHIP HISTORY**

Date Married \_\_\_\_\_ Pre-Nuptial Agreement? \_\_\_\_\_

Date Relationship Began (if not married) \_\_\_\_\_

Date Separated \_\_\_\_\_

Date Divorced \_\_\_\_\_ (for post Decree matters)

City, County and State of Marriage or Divorce \_\_\_\_\_

Is either party currently pregnant? \_\_\_\_\_ If yes, state due date \_\_\_\_\_

(Not Applicable for post Decree matters)

**CHILDREN BY THIS MARRIAGE/ RELATIONSHIP**

(or former marriage/relationship if this matter relates to a previous divorce/relationship)

(indicate if adopted)

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 \_\_\_\_\_

**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 \_\_\_\_\_

Additional Insurance 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Have you consulted any therapists? \_\_\_\_\_ Whom, when, who attended the sessions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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