

MULLINS LAW FIRM, P.A.

GENERAL INITIAL INTERVIEW FORM

DATE OF CONSULTATION: _____

A consultation fee of \$350.00 is due at the time services are rendered. Invoices are not issued for consultations.

Please answer each and every question so that we may better serve you. If a question does not apply to you, please indicate by inserting "N/A". ***Please attach a separate sheet should more room be necessary*** Thank you.

Full Legal Name: _____

Permanent Address: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ May we communicate with you via text message? () Yes / () No

Email Address: _____ May we communicate with you via email? () Yes / () No

Driver's License Number and State: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Employer and Occupation: _____

Employer's Address: _____

Spouse's Full Legal Name: _____

Spouse's Social Security Number: _____ - _____ - _____ Spouse's Date of Birth: _____

Spouse's Primary Phone: _____ Spouse's Email Address: _____

Spouse's Employer and Occupation: _____

Spouse's Employer's Address: _____

*Nature of Problem: _____

*Opposite Party/People/Company Involved: _____

Have you met with any other Attorneys regarding this matter? _____ If so, how many? _____

Are you currently represented by an Attorney on any other legal matter? _____ If so, matter type: _____

Are you an Existing Mullins Law Firm Client? _____ Were you Previously a Mullins Law Firm Client? _____

If neither, how were you referred to us? Personal Referral By (Name & Relation): _____

_____ Internet, _____ Television, _____ Newspaper, _____ Phonebook, Other: _____

Fee Quoted, if any: _____