

# COOPER GINSBERG GRAY PLLC

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## INITIAL INTERVIEW FORM

Name:		Date of Interview	
Mailing Address:		Attorney Seen	
		Referred By	
		Opposing Counsel	
Tel No. (Res)		O.C. Tel No.	
Tel No. (Bus)			
Tel No. (Cell)		Client's Occupation	
Fax:		Employer	
E-mail:		Employer's Address	
Correspondence:	<b>MAIL or E-MAIL</b>		
Billing:	<b>MAIL or E-MAIL</b>		

HUSBAND	Full Name		SSN	
	Place of Birth		Date of Birth	
	Number of this Marriage (first, second, etc.)	Education (Specify only highest grade completed)	[Elementary or Secondary 0 - 12]	[College 1-4 or 5+]
	Usual Residence (Street No. or rural route number) (city or town) (county – if not independent city) (state)			
WIFE	Full Maiden Name		SSN	
	Place of Birth		Date of Birth	
	Number of this Marriage (first, second, etc.)	Education (Specify only highest grade completed)	[Elementary or Secondary 0 - 12]	[College 1-4 or 5+]
	Usual Residence (Street No. or rural route number) (city or town) (county – if not independent city) (state)			
Place of Marriage (city or town) (county) (state or foreign country)			Date of Marriage	
Number of Children under 18 in this Family			Date of Separation	

Children's Names	SSN	Age/DOB	Lives With	Grade/School