

## INITIAL INTERVIEW AGREEMENT

You have scheduled an interview with me to discuss the family law matter. The purpose of this agreement is to inform you of the nature of our initial interview and to allow you to acknowledge your understanding and agreement with our firm's standard terms for initial interviews.

Our initial interview will be preliminary only. The purpose of the initial interview is for you to determine whether you wish to retain the Law Offices of Ronald Melin Supancic to represent you and for us to determine whether we shall accept your case.

Unless and until you and I sign a written retainer agreement and you pay the initial retainer amount, there will be no lawyer-client relationship between you and the Law Offices of Ronald Melin Supancic.

Before I can represent you, I must be certain I have never represented the adverse party. Please state each name used by the adverse party:

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I AGREE TO THE FOREGOING

Date: \_\_\_\_\_

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PROSPECTIVE CLIENT

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ATTORNEY



YOUR OCCUPATION: \_\_\_\_\_ CURRENTLY EMPLOYED? \_\_\_\_\_

EMPLOYER \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
COMPANY NAME AND ADDRESS \_\_\_\_\_

JOB TITLE \_\_\_\_\_ HOW LONG \_\_\_\_\_ SALARY \_\_\_\_\_

MAJOR DUTIES \_\_\_\_\_ EXPECTED INCREASE? \_\_\_\_\_

DESCRIBE ANY INCENTIVE PLAN \_\_\_\_\_

VALUE OF PENSION AND PROFIT SHARING \_\_\_\_\_  
ESTIMATE AND DESCRIBE BENEFITS \_\_\_\_\_

HOW LONG DO YOU EXPECT TO WORK THERE? \_\_\_\_\_

EDUCATION: HIGH SCHOOL DIPLOMA? \_\_\_\_\_ OR \_\_\_\_\_ COLLEGE? \_\_\_\_\_  
YES NO PLACE/YEARS  
DEGREE(S) EARNED \_\_\_\_\_ CERTIFICATES \_\_\_\_\_  
OTHER VOCATIONAL SKILLS \_\_\_\_\_

SPOUSE'S (OR PARTNER'S) OCCUPATION: \_\_\_\_\_ CURRENTLY EMPLOYED? \_\_\_\_\_

SPOUSE'S EMPLOYER \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
COMPANY NAME AND ADDRESS \_\_\_\_\_

JOB TITLE \_\_\_\_\_ HOW LONG \_\_\_\_\_ MO. SALARY \_\_\_\_\_

MAJOR DUTIES \_\_\_\_\_ EXPECTED INCREASE? \_\_\_\_\_

DESCRIBE ANY INCENTIVE PLAN \_\_\_\_\_

VALUE OF PENSION AND PROVIDE SHARING \_\_\_\_\_  
ESTIMATE AND DESCRIBE BENEFITS \_\_\_\_\_

HOW LONG WILL SPOUSE EXPECT TO WORK THERE? \_\_\_\_\_



ARE THERE ANY CHILDREN FROM THIS RELATIONSHIP? YES or NO  
(CIRCLE ONE)

IF SO, PLEASE COMPLETE THE FOLLOWING:

NAME

D.O.B.

GENDER

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IF YOU ARE ALREADY SEPARATED, WHAT IS YOUR CURRENT ARRANGEMENT FOR CUSTODY AND VISITATION WITH THE CHILDREN? \_\_\_\_\_

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DESCRIBE ANY SPECIAL REQUESTS RE: CUSTODY AND VISITATION WITH YOUR CHILDREN

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DESCRIBE HOW YOUR CHILDREN FEEL ABOUT CUSTODY AND VISITATION.

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DESCRIBE ANY PHYSICAL, MENTAL DISORDER OR CONDITION WHICH AFFECTS THIS CASE.

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DESCRIBE RECENT COHABITATION ARRANGEMENTS (e.g., LIVING WITH A NEW PARTNER)

INVOLVING EITHER YOU OR YOUR SPOUSE WHICH MAY AFFECT SUPPORT ORDERED \_\_\_\_\_

DO YOU and/or YOUR SPOUSE POSSESS ANY FIREARM? YES or NO  
CIRCLE ONE

DESCRIBE ANY PROBLEMS WITH RELATIVES REGARDING THIS SITUATION.

DESCRIBE ANY OTHER CIRCUMSTANCES OR PROBLEMS THAT AFFECT THIS CASE.

WHAT ARE YOUR TWO GREATEST CONCERNS, RIGHT NOW?

1.

2.

YES

NO

HAVE YOU CONSIDERED COUNSELING? \_\_\_\_\_

HAS A LAWYER BEEN PREVIOUSLY CONTACTED FOR THIS LEGAL SITUATION? \_\_\_\_\_

DO YOU THINK A COURT ORDERED CUSTODY INVESTIGATION SHOULD BE DONE? \_\_\_\_\_

DO YOU FEEL YOU NEED THE PROTECTION OF A "RESTRAINING ORDER?" \_\_\_\_\_

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HAVE YOU AND YOUR SPOUSE/PARTNER DISCUSSED THESE OPTIONS?: (CHECK ALL THAT APPLY)

MEDIATION            COLLABORATIVE LAW            ARBITRATION            MARITAL COUNSELING

WE HAVE NOT DISCUSSED THE SITUATION            OTHER \_\_\_\_\_

EXACTLY, HOW WOULD YOU WANT THIS SITUATION TO BE RESOLVED? (BE SPECIFIC) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHAT KIND OF DIVORCE/PROCESS DO YOU WANT? \_\_\_\_\_

\_\_\_\_\_

DOES YOUR BEHAVIOR SUPPORT A COMMITMENT TO THAT KIND OF DIVORCE? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHAT IS THE REAL COST OF DIVORCE YOU ARE OPEN TO? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE ADVISE US OF THE FOLLOWING INFORMATION IN CASE OF SERVING PAPERS:

HOURS PAPERS SHOULD BE SERVED: \_\_\_\_\_

PHYSICAL DESCRIPTION:            AGE: \_\_\_\_\_            HEIGHT: \_\_\_\_\_            WEIGHT: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_            GLASSES? \_\_\_\_\_            MOUSTACHE/BEARD? \_\_\_\_\_

COMPLEXION: \_\_\_\_\_            OTHER DISTINGUISHING FEATURES: \_\_\_\_\_

WHAT TYPE OF CAR DOES HE/SHE DRIVE? \_\_\_\_\_  
MAKE, MODEL, YEAR AND COLOR

PLEASE GIVE US THE NAME OF A PERSON WHO WILL KNOW HOW TO GET IN TOUCH WITH YOU AT ANY TIME.

\_\_\_\_\_  
LAST NAME, FIRST TELEPHONE NUMBER ( )  
\_\_\_\_\_  
RELATIONSHIP  
\_\_\_\_\_

HOW DID YOU FIND OUT ABOUT OUR LAW OFFICE?  
REFERRED BY: \_\_\_\_\_ ( )  
FRIEND'S NAME TELEPHONE NUMBER  
REFERRED BY: \_\_\_\_\_ ( )  
FRIEND'S NAME TELEPHONE NUMBER

BROCHURE \_\_\_\_\_  
ARTICLE IN PERIODICAL \_\_\_\_\_  
NAME OF PERIODICAL DATE

YELLOW PAGE ADVERTISEMENT - Please circle one  
SAN FERNANDO VALLEY WEST SAN FERNANDO VALLEY EAST  
VENTURA/SIMI LOS ANGELES

TELEVISION ADVERTISEMENT-WHY? \_\_\_\_\_

WEBSITE \_\_\_\_\_

Thank you for taking the time to complete this form. Please allow our office to copy your driver license.