

# NOTARO & ASSOCIATES, P.C.

310 Grant Street • Suite 1125 • Pittsburgh, PA 15219 • www.PaLegalServices.com

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## CLIENT INTERVIEW FORM

DATE: \_\_\_\_\_

CLIENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

COUNTY: \_\_\_\_\_

MAILING ADDRESS (if different from above): \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ FAX NO.: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SSN#: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

EMPLOYMENT ADDRESS: \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_

CURRENT GROSS INCOME: \$ PER WEEK/MONTH/YEAR

CURRENT NET INCOME: \$ PER WEEK/MONTH/YEAR

OTHER INCOME (rentals, non-taxed, etc.): \$ SOURCE

(Also include voucher income, expense \$ SOURCE

expense reimbursement, etc.) \$ SOURCE

DO YOU RECEIVE PUBLIC ASSISTANCE? (WELFARE, SSI, ETC.) IF SO, EXPLAIN:

\_\_\_\_\_

HOW DID YOU FIND OUT ABOUT US (I.E., WEBSITE, YELLOW PAGES, DIVORCESOURCE,  
REFERRAL,  
ETC.): \_\_\_\_\_

**ABOUT THE OTHER PARENT:**

PARENT'S NAME: \_\_\_\_\_

PARENT'S ADDRESS: \_\_\_\_\_

COUNTY: \_\_\_\_\_

PARENT'S MAILING ADDRESS (if different from above): \_\_\_\_\_

PARENT'S PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PARENT'S DATE OF BIRTH: \_\_\_\_\_ SSN#: \_\_\_\_\_

NAME OF PARENT'S EMPLOYER: \_\_\_\_\_

EMPLOYMENT ADDRESS: \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_

CURRENT GROSS INCOME: \$ PER WEEK/MONTH/YEAR

CURRENT NET INCOME: \$ PER WEEK/MONTH/YEAR

OTHER INCOME (rentals, non-taxed, etc): \$ SOURCE

(Also include voucher income, expense \$ SOURCE

expense reimbursement, etc.) \$ SOURCE

PARENT'S IDENTIFYING TRAITS: HAIR COLOR: \_\_\_\_\_

EYE COLOR: \_\_\_\_\_

WEIGHT: \_\_\_\_\_

HEIGHT: \_\_\_\_\_

RACE: \_\_\_\_\_

SCARS/TATTOOS: \_\_\_\_\_

VEHICLE: \_\_\_\_\_

LICENSE NO. \_\_\_\_\_

GLASSES? \_\_\_\_\_

PARENT'S  
ATTORNEY: \_\_\_\_\_

ADDRESS & PHONE NO: \_\_\_\_\_

DATE OF MARRIAGE (IF APPLICABLE, TO YOU, TO ANOTHER SPOUSE) \_\_\_\_\_

CITY AND STATE WHERE MARRIED: \_\_\_\_\_

DATE OF LAST SEPARATION: \_\_\_\_\_

HAS EITHER SPOUSE BEEN PREVIOUSLY MARRIED? \_\_\_\_\_  
IF YES, GIVE DETAILS:

\_\_\_\_\_

**YOUR CHILDREN:**

CURRENT CUSTODY ARRANGEMENT	BORN WHILE MARRIED	D.O.B.	AGE	SOCIAL SECURITY NUMBER
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**OTHER CHILDREN: (NOT OF THIS MARRIAGE)**

NAME	D.O.B.	AGE	SCHOOL
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DO YOU, YOUR SPOUSE AND/OR THE PARENT OF THE CHILDREN OR ANY OF YOUR CHILDREN HAVE ANY SERIOUS MEDICAL AND/OR MENTAL HEALTH PROBLEMS? IF SO, GIVE FULL DETAILS:

PLEASE LIST THE ADDRESSES WHERE, AND THE INDIVIDUALS WITH WHOM THE CHILDREN HAVE RESIDED OVER THE PAST FIVE YEARS:

DATE:	ADDRESS(ES):	WHO LIVED WITH?
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NAME AND ADDRESS OF FRIEND/RELATIVE CLOSEST TO YOU:

CLOSEST TO OTHER PARENT:

CLIENT'S NOTES (ANY MATTER CLIENT WISHES TO DISCUSS WITH THE ATTORNEY):