

# NOTARO & ASSOCIATES, P.C.

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310 Grant Street \* Suite 1125 \* Pittsburgh, PA 15219 \* [www.PaLegalServices.com](http://www.PaLegalServices.com)

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Facsimile: (412) 281-1995

## CLIENT INTERVIEW FORM

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

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

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

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

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

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

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

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

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

PLACE OF BIRTH: \_\_\_\_\_

U.S. CITIZEN (circle one): YES NO IF NO, LIST DATE OF CITIZENSHIP: \_\_\_\_\_

PLEASE LIST ALL ADDRESSES AND DATES OF RESIDENCE IN THE LAST FIVE (5) YEARS:

NAME CHANGE FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR NAME CHANGE: \_\_\_\_\_

DO YOU HAVE ANY FELONIES (circle one): YES NO MARITAL STATUS: \_\_\_\_\_

SPOUSE'S NAME (IF APPLICABLE): \_\_\_\_\_

DO YOU HAVE ANY CHILDREN (circle one): YES NO IF YES, PLEASE LIST THE NAME(S) AND

D.O.B. OF CHILDREN: \_\_\_\_\_