**CLIENT’S INITIAL INTERVIEW BY STUDENTS**

**UNCONTESTED DIVORCE QUESTIONNAIRE**

1. Make sure that you conduct the interview in a space that protects client’s privacy;
2. Make sure that you review the retainer and have the client counter-sign the retainer before the interview. If client has any question or needs more time to review before signing, please allow client to bring a copy of the retainer home and email the Supervising Attorney regarding client’s question(s);
3. Make sure that you scan the entire, including all documents that you’ve gathered and the signed retainer, and email the scanned files to the Supervising Attorney within 3 days of the interview.
4. STUDENTS SHOULD NOT PROVIDE LEGAL ADVICE TO THE CLIENT.

**CLIENT INFORMATION**

1. Name of Plaintiff (*client*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Client’s former Surname or any other name(s) used \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Client’s Home Address (where they are living) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Where was the client born? (State or Country)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Client’s ethnicity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Client’s Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Client’s health insurance:
   1. Name of Plan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Identification Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. Address associated with the plan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Is client pregnant? (*circle one*) YES NO
   1. Has client had a child(ren) since separating from Defendant? (*circle one*) YES NO
9. What is the client’s highest level of education? (Provide grade number or year, ex: 11th grade, Junior (college))
10. Does the client have a current job? (*circle one*) YES NO
    1. If yes, answer the below:
       1. Current Salary/wages \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. Does the client receive public assistance (*circle one*) YES NO
    1. If yes, what type/types of public assistance:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPOUSE/DEFENDANT INFORMATION**

1. Name of spouse/defendant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Spouse/defendant’s Home Address (where they are living) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If the current address is unknown, please provide the LAST KNOWN address:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Where was the spouse/defendant born? (State or Country)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Defendant’s ethnicity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Defendant’s Social Security Number (If client does not know we recommend checking out tax documents) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Spouse/defendant’s health insurance:
   1. Name of Plan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Identification Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. Address associated with the plan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. What is the client’s highest level of education? (Provide grade number or year, ex: 11th grade, Junior (college))

1. Does the spouse/defendant have a current job? *(circle one)*

YES NO UNKNOWN

* + 1. Job Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    2. Current Salary/wages \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does the spouse/defendant receive public assistance *(circle one)*

YES NO UNKNOWN

* 1. If yes, what type/types of public assistance:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is the spouse/defendant in the military (circle one) YES NO
   1. If yes, consult supervising attorney immediately.

**CHILDREN INFORMATION**

1. Does the client and spouse/defendant have children in common, either biological or adopted? *(circle one)* YES NO
   1. If yes, how many children does the client and the spouse have in total, regardless the children’s age \_\_\_\_\_\_\_\_\_
   2. List the information for all the **children under 21** below

*(Use the back of this page if there are more than 2 children under 21)*

* **Unemancipated Child #1**

Addresses where the child has resides in the last 5 years and whom the child resides with at each address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Unemancipated Child #2**

Addresses where the child has resides in the last 5 years and whom the child resides with at each address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Answer Only If Client and Spouse/Defendant have any children under 21 in common, either biologically or adopted:

Are there family court orders pertaining to custody, visitation, and child support?

(*circle all that apply*) Order of Protection Custody/Visitation Child Support

* 1. Check box to confirm you have a copy of each order:
     1. ❑Order of Protection
     2. ❑Custody Order
     3. ❑Visitation Order
     4. ❑Child Support Order
  2. **If no, please consult supervising attorney.**

1. With whom do the children under 21 currently reside? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MARRIAGE / SEPARATION INFORMATION**

1. What was the date of the marriage?
2. Where (*including the city and the state; if married abroad, list the city/province/country*) did the client and spouse/defendant marry?
3. Was the marriage a religious or civil ceremony (religious meaning performed by a minister or a clergyman, or a leader of the Society for Ethical Culture)?

(*circle one*) Religious Civil Both

If religious or both, what type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. When did client and spouse/defendant physically separate? (*Month & Year*)
2. Is there a separation agreement? (circle one) YES NO
   1. If yes, was this through the court? (collect copy of order, name court and date of order)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Was client married before current marriage? (circle one) YES NO
   1. If yes, how many times before?
   2. Please note what happened (death or divorce) to each of all prior marriages.
2. Was spouse/defendant married before current marriage? (circle on) YES NO
   1. If yes, how many times before? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Please note what happened (death or divorce) to each of all prior marriages.
3. Has there ever been a divorce started in the court by the client or spouse/defendant? (circle one) YES NO
   1. If yes, consult supervising attorney.

**HISTORY OF VIOLENCE – CONFIDENTIAL ADDRESS REQUESTS ONLY**

1. If the spouse does not know the client’s current address, does the client want to keep her or his address confidential in the divorce? (*circle one*) YES NO
   1. If yes, a Motion for an Order to Maintain Client’s Address Confidential must be drafted along with initial papers **(*confirm with the supervising attorney and consult the manual*).**

\*\*Please note that before starting this section, make sure that client is comfortable and reiterate that although recalling these incidents is painful, it is needed. Let client know that while recalling details of incidents, she/he is welcomed to stop and continue after she/he collects him/herself\*\*

List three recent incidents of violence including the date, address, and unique facts i.e. police were called, order of protection issued, and etc. Collect all orders of protections, even if it is not the most recent (Use last page “Notes” for additional space).

For example*, “On or about June 30, 1998 at 1334 Grand Avenue, Brooklyn, NY, Defendant punched Client/Plaintiff repeatedly in the face with a closed first. As a result of this incident, Plaintiff suffered physical pain and emotional distress. Plaintiff obtained an Order of Protection, Docket # \_\_\_\_\_\_\_\_\_\_\_\_\_, dated \_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_County Family Court.”*

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DIVORCE INFORMATION**

1. Defendant will be served within New York City or outside New York City (*circle one*) Within New York City Outside New York City

If outside New York City, state where (*city/county/state*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How and who serve will spouse/defendant? (*Emphasis the importance of service in the divorce, without it divorce will be impossible.* ***If service is not possible, consult supervising attorney*)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The Jurisdiction is based on: **Consult manual before addressing** (*Must circle one*)
   1. Plaintiff’s residence in New York for 2 years
   2. Defendant’s residence in New York for 2 years
   3. Marriage within NY plus 1 year residence by Plaintiff
   4. Marriage within NY plus 1 year resident by Defendant
   5. The act upon which the divorce ground are founded occurred in NY and Plaintiff or Defendant resided in NY for 1 year
   6. The act occurred in NY and both parties reside in NY
2. The case will be filed in New York County (*Manhattan*). The basis for the Venue is: (*Must circle one*)
   1. Plaintiff’s residence in Manhattan
   2. Defendant’s residence in Manhattan
   3. CPLR Section 509 (*Plaintiff choose Manhattan if neither Plaintiff nor Defendant lives in Manhattan, this is the basis of the venue* )
3. Does the client have any other needs that Sanctuary may be of help? For example, shelter, counseling, support group, economic empowerment (job readiness training, financial counseling, computer skill, ESL class, etc.), and/or other legal needs such as immigration assistance :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Use the “UDP Referral Back to SFF” form and email it to the UDP project assistant and copy the Supervising Attorney*.)

1. All available contact information for the client:
   1. List all address(es) and note if it is safe to receive mails in each address.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. List all telephone numbers and note if it is safe to call, text and/or leave voice message at each number, and the best time to contact by phone.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. List all email address(es) and note if it is safe to send/receive email at each account.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. List all other alternative contact methods and note if it is safe to use.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Note any red flag or concerns that **the students** may have:
2. Check if the following documents have been provided (scan and email them to the supervising attorney. You save the copy in your file)

\_\_\_\_ Client’s medical insurance plan and ID numbers if available.

\_\_\_\_ Spouse’s medical insurance plan and ID numbers if available.

\_\_\_\_ Each child’s medical insurance plan and ID numbers if available.

\_\_\_\_ One or two most recent pictures of the spouse to assist personal service on the spouse (only if the person serving does not personally know the Defendant).

\_\_\_\_ Marriage certificate

\_\_\_\_ All orders of Family or Criminal Court (Protection, custody, visitation, child support).

\_\_\_\_\_ Police reports (Domestic Incidence Report) (only if a confidential address motion is being made)

**\*collect what the client has, and please indicate if some paperwork is not attainable\***