

# Schmid Jacobs Law

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## Client's Personal Information:

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_  
City / County / State

Other Names Used (maiden, a/k/a, alias, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

Employer or Business: \_\_\_\_\_ How long? Years: \_\_\_\_ Months: \_\_\_\_

Work Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle Year, Make & Model: \_\_\_\_\_ License Plate: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Date Married: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place Married: \_\_\_\_\_

I agree to receive copies of documents in my case via email at: \_\_\_\_\_

## Client's Spouse or Guardian (If Any):

Spouse's Name: \_\_\_\_\_

Spouse's Address (if different): \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_  
\_\_\_\_\_

Spouse's Employer's Address & Telephone Number

Additional Contact Person:

\_\_\_\_\_  
Name / Relationship

\_\_\_\_\_  
Street Address                      City                      State                      Zip

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Brief Explanation of Matter for which Legal Representation is Sought:

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

Referred by: \_\_\_\_\_

The foregoing information is true and correct. I further authorize the Law Office of Kristin Jacobs, P.C. to run a credit check on me to verify my credit status.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2020.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Co-client