

CLIENT INFORMATION FORM

Please answer the following questions as <u>accurately</u> as possible. This information is <u>necessary</u> in providing our best service to you, and of course, is confidential. Thank you.

Full Legal Name:	
Residential Address:	
Mailing Address:	
D.O.B	Phone (H)
Cell:	Email:
Whom shall we thank for recommen	ding me to you?
Have you or other family members b	een our clients before?
Your occupation:	Employer:
Employer's address:	
Monthly Income:	Do you have any criminal convictions?
Name of other party:	
Address:	
Phone:	D.O.B.:
Emergency Contact:	Phone:
Children/Name/DOB	
Is there a current case? YES	
If yes, please provide the follow Case Number	ving: County
Next Court Date	County Do you have an attorney on the case? \(\subseteq YES \subseteq NO \) Does the other party have an attorney? \(\subseteq YES \subseteq NO \)



Other party's attorney:		
Please provide a description of the legal matter/dispute, including without limitation, the reason why you are seeking a consultation (i.e., divorce, child-custody/APR, paternity, personal injury, criminal defense, contract dispute		
etc.), names of the individuals involved, relevant dates (i.e., date of marriage, date of accident, date of contract, da		
dispute, etc.), and other important information you believe the attorney should know about the matter:		