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Client Information Form

Please answer all questions truthfully and completely. The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf, or unless otherwise required by law.

Date: _____

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County of Residence: _____

You have lived at this current address since? _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Social Security Number: _____

Driver's License Number: _____

Date of Birth: _____

State or Country of Birth: _____

Other names you have been known by: _____

EMPLOYER: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____

Work E-mail Address: _____

How long have you been employed with this employer? _____

Position: _____ Salary/Earnings: \$ _____

Name of Emergency Contact and Relation to You: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Nature of cause/reason for seeking consultation with our office: _____

