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LAW FIRM OF LAUB & LAUB

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PERSONAL INJURY WORKERS COMPENSATION CRIMINAL DEFENSE BANKRUPTCY

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Reno

TODAY'S DATE S THIS VISIT FOR YOU F VISIT IS "NOT" FOR	URSELF? Y N YOURSELF PLEASE TYP	E YOUR NAME HERE:	
Potential Client's Name:	Ту	e of Case (Civil, Foreclosure, TPO, Ect.)	
Street/Mail Address:	Н	ow Can We Help You? (Explain)	
Phone			
Number:			
E-Mail Address :	-		<u></u> .
Date of Birth:			
Employer's Name/Address			
Monthly Vage Income:			
Spouses Name:			
relationship will be for	med or that I am a "Prospective C	tion or reasonable expectation that a client lient". I also give informed consent that no oit the attorney from representing another	,
		Signature of Consultee	_

711 S. Carson St., Suite 2

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