

**THE LAW OFFICE OF PAUL A. ROBBINS**  
**ATTORNEY – COUNSELOR – MEDIATOR**



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Date: \_\_\_\_\_ **CLIENT INFORMATION FORM**

**INSTRUCTIONS:** 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.

Your Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Home Facsimile No: \_\_\_\_\_  
Cell Phone No: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Soc. Sec. No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Driver's License No: \_\_\_\_\_ State of Issuance: \_\_\_\_\_  
Other Names by which you have been known: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Facsimile No: \_\_\_\_\_  
Work E-Mail Address: \_\_\_\_\_  
Nature of matter/ Reason for seeking consultation with our office: \_\_\_\_\_  
How did you hear about our office: \_\_\_\_\_

**OTHER PARTIES:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Facsimile No: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Relation of this person to you: \_\_\_\_\_  
Is this person represented by an ATTORNEY in this matter? \_\_\_\_\_ Yes \_\_\_\_\_ No

***If YES, please answer the questions below:***

*Name of Attorney/Firm:* \_\_\_\_\_  
*City where office located:* \_\_\_\_\_ *Phone:* \_\_\_\_\_  
*Indicate if this attorney has:*  
*Ever provided advice or other services to you?* \_\_\_\_\_ Yes \_\_\_\_\_ No  
*Talked with you in person or by telephone?* \_\_\_\_\_ Yes \_\_\_\_\_ No  
*Sent a letter or other written communication to you?* \_\_\_\_\_ Yes \_\_\_\_\_ No