

CLIENT/MATTER INFORMATION SHEET

DATE: _____

NAME: _____

BUSINESS NAME: _____

RESIDENTIAL ADDRESS: _____ APT. #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE #: _____ MOBILE/ALT #: _____

EMAIL ADDRESS _____ WEBSITE _____

SOCIAL SECURITY #: _____ - _____ - _____ DATE OF BIRTH: _____

BUSINESS ADDRESS: _____ SUITE/APT. #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BUSINESS PHONE #: _____ FAX #: _____

BRIEFLY DESCRIBE THE REASON WHY YOU ARE CONSULTING AN ATTORNEY: _____

HOW DID YOU HEAR ABOUT US?: _____

HAS A LAWSUIT BEEN FILED AGAINST YOU? _____ IF SO, WHEN? _____

COURT _____ CASE# _____ DEPT. _____

WITNESSES/OTHER PARTIES ON YOUR SIDE _____

OPPOSING PARTIES: _____

OPPOSING COUNSEL _____

OPPOSING LAW FIRM _____

**PLEASE COMPLETE, AND HAND CARRY TO YOUR CONSULTATION
OR SCAN, AND EMAIL TO SUPPORT23@ROCKSTARLAW.COM – THANK YOU!**