

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: _____

Mailing Address (if different than above): _____

City: _____ State: _____ Zip Code: _____

County of Residence: _____ You have lived at current address since: _____

Home Phone: _____ Cell Phone No: _____

Work Phone: _____ E-mail Address: _____

Soc. Sec. No: _____ Driver's License No: _____

Date of Birth: _____ State/Country of Birth: _____

Other names you have been known by: _____

Spouse's Name: _____ Spouse's Cell Phone No.: _____

Spouse's Date of Birth: _____ Spouse's Soc. Sec. No: _____

Is spouse a co-client for this matter? ☐ Yes ☐ No

Name of Emergency Contact, and Relation to You: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

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

How did you find our firm? (If referred by someone, please provide name of referring individual) _____

Have you ever filed for Bankruptcy Protection? ☐ Yes ☐ No

If so, what chapter? _____

PLEASE NOTE THAT THE ATTORNEY PROVIDES CHARGES \$350.00 PER HOUR, OR FRACTION THEREOF FOR THE CONSULTATION WHICH MUST BE PAID AT THE TIME OF THE CONSULTATION.

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