

### 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? \_\_\_\_\_

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**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.**

\_\_\_\_\_  
CLIENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CLIENT SIGNATURE

\_\_\_\_\_  
DATE