

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: _____ Date: _____

If applicable

Your Maiden Last Name: _____ Would you like to restore it? _____

Address (residence): _____

Address (mailing): _____

Cell phone: _____ E-Mail Address: _____

Your Employer: _____

Profession/Occupation: _____

Your SSN: _____ Your DOB: _____

Other Party's Name: _____

Other Party's Address: _____

Other Party's SSN: _____ Other Party's DOB: _____

Home Phone: _____ Cell Phone No: _____

E-mail Address: _____

Is other party 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 or any other attorney has:

Represented other party in other matters (besides this case)? Yes No

Provided advice or other services to you regarding this case? Yes No

Provided advice or other services to you regarding other matters? Yes No

Talked with you in person or by telephone regarding this case? Yes No

Sent a letter or other written communications to you related to this case? Yes No

Served papers (by a sheriff or process server) upon you in this case? Yes No

