



CLIENT INFORMATION SHEET

Date: _____

The information you enter into this questionnaire is confidential and will not be disclosed to anyone outside this office, except in the course of rendering legal services on your behalf, or unless otherwise required by law. The use of this form itself as a means of communication with the firm, or any individual member of the firm, does not establish an attorney-client relationship.

Tell us how you heard about our office: _____

CLIENT INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Maiden Name (If any): _____ Would you like to change your name? (Yes or No)

If yes, please write the name you would like to change to: _____

Home Address: _____

County of Residence: _____ Length of Residence: _____

Home Phone No.: _____ Cell Phone No.: _____

Email Address: _____

Social Security No. _____ Driver's License No.: _____

Date of Birth: _____ City/State/County of Birth: _____

Other names you have been/are known by: _____

Address at which you wish to receive **invoices**: _____

Are you married? _____ Date of marriage: _____ Place of marriage: _____

Have you ever been convicted of a crime other than a traffic violation? Circle: Yes or No

If yes, explain: _____

YOUR EMPLOYER

Employer: _____

Position: _____

Work Address: _____

Work Phone No.: _____ Work Fax No.: _____

Work Email: _____

Salary/Earnings: \$ _____

This is a double-sided document, please turn the page over to continue



CHILDREN

First Name: _____ Middle Name: _____ Last Name: _____

DOB: _____ City/State/County of Birth: _____

Social Security No. _____ Circle: Male/Female

First Name: _____ Middle Name: _____ Last Name: _____

DOB: _____ City/State/County of Birth: _____

Social Security No. _____ Circle: Male/Female

First Name: _____ Middle Name: _____ Last Name: _____

DOB: _____ City/State/County of Birth: _____

Social Security No. _____ Circle: Male/Female

First Name: _____ Middle Name: _____ Last Name: _____

DOB: _____ City/State/County of Birth: _____

Social Security No. _____ Circle: Male/Female

OTHER PARTY'S INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Home Address: _____

County of Residence: _____ Length of Residence: _____

Home Phone No.: _____ Cell Phone No.: _____

Email Address: _____

Social Security No. _____ Driver's License No.: _____

Date of Birth: _____ City/State/County of Birth: _____

Other names they have been/are known by: _____

Have they ever been convicted of a crime other than a traffic violation? Circle: Yes or No

If yes, explain: _____

Is other party represented by an *attorney* in *this matter*? _____ Yes _____ No

If yes, who is the opposing attorney? _____

OTHER PARTY'S EMPLOYER

Employer: _____

Position: _____

Work Address: _____

Work Phone No.: _____ Work Fax No.: _____

Work Email: _____

Salary/Earnings: \$ _____

This is a double-sided document, please turn the page over to continue