

POTENTIAL CLIENT INFORMATION FORM

PLEASE NOTE - COMPLETING THIS FORM DOES NOT MAKE YOU A CLIENT

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.

Date: _____

CLIENT INFORMATION

Your Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

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

Home Phone: _____ Home Facsimile No: _____

Cell Phone No: _____ Pager/Beeper No: _____

E-mail Address: _____

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

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

Other names you have been known by: _____

CURRENT EMPLOYER: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Work Facsimile No: _____

Work E-mail Address: _____

How long have you worked at this employer? _____

Position: _____ Salary/Earnings: \$ _____

Name of Emergency Contact, and Relation to You: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Reason for seeking consultation with our office: _____

How did you hear about our office? _____
