

**CLIENT INFORMATION SHEET**

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Date of visit: \_\_\_\_\_ Appointment time: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ DL (State & No.) \_\_\_\_\_ SSN: \_\_\_\_\_

Are you a U.S. citizen? \_\_\_\_\_

Reason for visit: \_\_\_\_\_

**NOTE: WE UNDERSTAND THAT SOME LEGAL MATTERS, PARTICULARLY FAMILY MATTERS, ARE SENSITIVE AND SHOULD BE KEPT FROM THE OTHER PARTY. HOWEVER, YOU SHOULD EXPECT TO RECEIVE CORRESPONDENCE, INVOICES, ETC., FROM THIS OFFICE. PLEASE PROVIDE A SAFE ADDRESS FOR US TO SEND YOUR MAIL.**

Mailing Address: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**ONCE AGAIN, PLEASE DO NOT PROVIDE A PHONE NUMBER/E-MAIL ADDRESS THAT YOU DO NOT WISH FOR US TO USE.**

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Employer: \_\_\_\_\_

Work phone: \_\_\_\_\_

**MAY WE CONTACT YOU AT WORK?** \_\_\_\_\_

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Marital status: \_\_\_\_\_ Spouse's name: \_\_\_\_\_

Spouse's address: \_\_\_\_\_

Spouse's cell phone no. \_\_\_\_\_ Spouse's e-mail: \_\_\_\_\_

No. of children (including names and ages): \_\_\_\_\_

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Have I ever represented you or any party adverse to you? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you or your spouse previously retained the services of an attorney? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, Who? \_\_\_\_\_ When? \_\_\_\_\_