

## 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.

Date: \_\_\_\_\_

### CLIENT INFORMATION

Your Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County of Residence: \_\_\_\_\_ You have lived at current address since: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone 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: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Facsimile No: \_\_\_\_\_

Work E-mail Address: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER PARTY INFORMATION**

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Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County of Residence: \_\_\_\_\_ Other party has lived at this address since: \_\_\_\_\_

Home Phone: \_\_\_\_\_  
Cell Phone No: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_ Driver's License No: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ State/Country of Birth: \_\_\_\_\_

Other names this person has been known by: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Facsimile No: \_\_\_\_\_  
Work 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 attorney has:*

<i>Represented other party in other matters (besides this case)?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Provided advice or other services to you regarding this case?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Provided advice or other services to you regarding other matters?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Talked with you in person or by telephone regarding this case?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Sent a letter or other written communications to you related to this case?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Served papers (by a sheriff or process server) upon you in this case?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**CHILD INFORMATION**

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Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County of Residence: \_\_\_\_\_ Child has lived at this address since: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth (City/State): \_\_\_\_\_  
Social Security number: \_\_\_\_\_

**CHILD INFORMATION**

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Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County of Residence: \_\_\_\_\_ Child has lived at this address since: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth (City/State): \_\_\_\_\_  
Social Security number: \_\_\_\_\_

**CHILD INFORMATION**

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Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County of Residence: \_\_\_\_\_ Child has lived at this address since: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth (City/State): \_\_\_\_\_  
Social Security number: \_\_\_\_\_

**CHILD INFORMATION**

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Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County of Residence: \_\_\_\_\_ Child has lived at this address since: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth (City/State): \_\_\_\_\_  
Social Security number: \_\_\_\_\_