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CLIENT INFORMATION SHEET

DATE: _____

CLIENT'S NAME: _____

SPOUSE'S NAME: _____
(If Applicable)

ADDRESS: _____
Street Address

Mailing Address (If different than above)

BUSINESS NAME: _____
(If Applicable)

BUSINESS ADDRESS: _____
Street Address

TELEPHONE:

Home: () -

Cell: () -

Work: () -

Fax: () -

DRIVER'S LICENSE #: _____ **ISSUE STATE:** _____

SOCIAL SECURITY #: _____

Would you prefer contact via email? **Email:** _____
(Circle One): (Y) (N)

REFERRED BY: _____

MATTER OR REASON FOR CONSULTATION: _____

Have you ever been a client of this firm? _____

*Have you ever had any dealings with this firm? If **yes**, please explain:* _____

Who or what party is your claim against? _____
