

NEW CLIENT QUESTIONNAIRE

NAME: _____ **DATE:** _____

OTHER/FORMER NAMES USED: _____

BRIEFLY TELL US WHY YOU ARE HERE- THE NATURE OF YOUR LEGAL ISSUE:

CHECK ALL THAT APPLY: DIVORCE: __ WILL __ CRIMINAL __ INJURY __ WORK __
BUSINESS __ CHILD SUPPORT __ CUSTODY __ CIVIL __ CONTRACT __ OTHER __.

ADDITIONAL INFORMATION YOU WANT TO OFFER: _____

YOUR HOME ADDRESS:

**YOUR MAILING ADDRESS (IF DIFFERENT)-
WHERE YOU WOULD WANT MAIL SENT:**

SOCIAL SECURITY #: _____ (optional) **DATE OF BIRTH:** _____

YOUR TELEPHONE NUMBERS:

HOME (LAND LINE IF APPLICABLE): _____
CELL: _____ WORK: _____ EXT. _____
HOME FAX: _____ WORK FAX: _____

EMAIL ADDRESSES: PERSONAL: _____

WORK __ ALTERNATE __ (CHECK ONE): _____

REFERENCE/ EMERGENCY CONTACT NAME: _____

RELATIONSHIP TO YOU: _____

HIS/HER MAILING ADDRESS:

CONTACT'S TELEPHONE NUMBER(S):

_____ (HOME)

_____ (CELL)

_____ (WORK)

HOW DID YOU FIND OUR FIRM? WHO REFERRED YOU? _____

DO WANT US TO CONTACT YOU? __ (Y) __ (N) IF SO, HOW DO WANT TO BE CONTACTED?

TEL. _____ EMAIL _____ OTHER, PLEASE SPECIFY: _____