

ATTORNEY/CLIENT-PRIVILEGED INFORMATION

Only employees of the firm who have a need to know will have access to this personal information. Every step is taken to protect the client's privacy. This information is kept secure within the office of the firm in file folders and file drawers, until the file information is retired.

INFORMATION REQUESTED

About you:

1. Please give the following information.

Full name: _____

Date of birth: _____ Place of birth: _____

Social Security number: _____

Driver's license number and state: _____

Maiden name, if applicable: _____

2. Where are you living now, and what is your phone number?

Address: _____

City: _____ County: _____ State: _____

Zip: _____ Home phone: _____

3. Who else lives in your household? _____

4. At what address do you wish to receive mail from this office? _____

5. How do you prefer that we contact you?

Address: _____

Phone: _____ Fax: _____

Pager: _____ Mobile Phone: _____

E-mail: _____

(e-mail communications may not be confidential)

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6. Who referred you to this office? _____

7. Have you consulted or retained any other attorneys on this matter before coming to this office? _____

If so, please state who and when: _____

8. Please give the following information concerning your employment.

Employer: _____

Job title: _____

Street address: _____

City, State, Zip: _____

Phone: _____ May we call you at work? _____

E-mail: _____ May we e-mail you at work? _____

About your spouse:

9. Please give the following information.

Full name: _____

Contact information: _____

About your case:

10. Please state all facts involving your case and why you are seeking legal representation.

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Signature

Date