

**LAW OFFICE OF
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CLIENT CONTACT INFORMATION

The following information will assist me in contacting you regarding developments in your legal matters. Please be advised your responses are protected by the attorney-client privilege and will be held in strict confidence.

General

Name: _____ Date of Birth: _____

Are you or have you been known by any other names: _____

Address: _____

Home #: _____ Work #: _____ Cell #: _____

Fax #: _____ E-mail Address: _____

Marital Status: _____ Spouse's Name: _____

Name, Address & Phone Number of Emergency Contact: _____

Employment

Name of Employer: _____

Address of Employer: _____

Employment Phone #: _____ Can you be contacted there? _____

Your Title/Position: _____ How long employed there? _____

Your Duties/Responsibilities: _____

Services Requested

Briefly describe what legal assistance or legal services you are seeking:

Have you discussed the above with any other attorney? _____

Have you retained any other attorney regarding this matter? _____

Have you signed any paperwork related to the above with any other attorney? _____

Prior Legal Representation

Have you ever been represented by an attorney on any legal matters?

If so, please what type of matter and the attorney's name: _____

Signature: _____

Date: _____