

NEW MATTER INFORMATION FORM

(The prospective client should fill out all information. Filling out this form does not make you a client or obligate the Attorney unless he is retained by separate contract.)

INTERVIEW

YOUR NAME: _____ DATE: _____ 20____

SOCIAL SECURITY #: _____ - _____ - _____ DATE OF BIRTH: ____/____/____

PLACE OF BIRTH: _____ CIRCLE ONE: Single Married Divorced Widowed

RESIDENCE ADDRESS: _____ ST: _____ ZIP : _____

MAILING ADDRESS: _____ ST: _____ ZIP : _____

TELEPHONE: (Home) _____ (Work) _____ (Cell) _____

E-MAIL ADDRESS: _____

OTHER NAMES YOU HAVE USED: _____

SPOUSE'S NAME: _____ ADDRESS: _____

SPOUSE'S PHONE: (Home) _____ (Work) _____ (Cell) _____

WHO CAN MAKE SURE YOU ARE CONTACTED?: _____ (Phone) _____

PLEASE CIRCLE ONE: I am a NEW Client I am a PRESENT Client

NAME ALL PREVIOUS ATTORNEYS WHO HAVE COUNSELED WITH YOU ON ANY MATTER IN THE PAST: _____

WITH WHICH OF THE ABOVE ATORNEYS HAVE YOU DISCUSSED THIS MATTER?:

YOUR DESCRIPTION OF THE FACTS OF THIS MATTER: _____

WHAT HEALTH PROBLEMS DO YOU HAVE?: _____

WHAT ARE YOUR GOALS IN THIS MATTER?: _____

WHO ARE ALREADY PREPARED TO HELP YOU ACHIEVE THESE GOALS? (Full names and phone):

WHAT DO YOU BELIEVE IS YOUR PRESENT CHANCE FOR ACHIEVING THESE GOALS?:

