



**NEW CLIENT INFORMATION**

**FULL NAME:** \_\_\_\_\_

**SPOUSE'S FULL NAME:** \_\_\_\_\_

Is your spouse a party to this action:     Yes     No

**HOME ADDRESS:** \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(If your mailing address is a P.O. Box, please also provide your street address.)

**BUSINESS NAME:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **BUSINESS PHONE:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_ **FACSIMILE No.:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**HOW DID YOU FIND OUT ABOUT OUR LAW FIRM? PLEASE NAME ANY INDIVIDUAL WHO REFERRED YOU.**

\_\_\_\_\_

**PLEASE INDICATE WHERE YOU PREFER TO RECEIVE COPIES OF DOCUMENTS RELEVANT TO YOUR MATTER:  
(CHECK ONE):**

Home address     Business address     Electronic Copies by E-mail

**PLEASE INDICATE WHERE YOU PREFER TO RECEIVE INVOICES FOR LEGAL FEES AND COSTS (CHECK ONE):**

Home address     Business address

**PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR CASE:**

\_\_\_\_\_

\_\_\_\_\_

**IF APPLICABLE, PLEASE PROVIDE THE ADDRESS FOR RELEVANT REAL PROPERTY:**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING INFORMATION, IF KNOWN:**

Friendly Parties/Affiliates: \_\_\_\_\_

Adverse Parties: \_\_\_\_\_

Interested Non-Parties: \_\_\_\_\_

Opposing Counsel: \_\_\_\_\_