

**CLIENT INFORMATION SHEET**

DATE: \_\_\_\_\_

CLIENT'S FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (CELL) \_\_\_\_\_ (W) \_\_\_\_\_ (H) \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMPLOYER'S PHONE: \_\_\_\_\_

NATURE OF MATTER: \_\_\_\_\_

\_\_\_\_\_

REFERRED BY: \_\_\_\_\_

OPPOSING PARTY: \_\_\_\_\_

(FULL NAME)

\_\_\_\_\_  
(ADDRESS, CITY, STATE, ZIP)

OPPOSING LAWYER: \_\_\_\_\_

(FULL NAME & PHONE NUMBER)

\_\_\_\_\_  
(ADDRESS, CITY, STATE, ZIP)