

COLLETTI & MOBILIA, PC
161 OTTAWA AVE NW, SUITE 307
GRAND RAPIDS, MI 49503
(616) 454-7711

CLIENT INFORMATION SHEET

DATE: _____ Meeting: Donna Mobilia _____ Debra Colletti _____

CLIENT'S FULL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (CELL) _____ (W) _____ (H) _____

EMAIL: _____ D.O.B.: _____

EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMPLOYER'S PHONE: _____

NATURE OF MATTER: _____

REFERRED BY: _____

OPPOSING PARTY INFORMATION:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMPLOYER: _____

EMPLOYER ADDRESS: _____

OPPOSING LAWYER: _____

(FULL NAME & PHONE NUMBER)

(ADDRESS, CITY, STATE, ZIP)

Has anything been filed in this matter? YES _____ NO _____ If so, please provide information below:

1. Case Number: _____ County: _____

2. Judge : _____ Person who filed: _____

CHILDREN NAMES/D.O.B (IF APPLICABLE):

Name: _____ D.O.B. _____

Name: _____ D.O.B. _____

Name: _____ D.O.B. _____

Name: _____ D.O.B. _____

Which parent are child(ren) in custody of: _____
Mother Father

ANY OTHER INFORMATION THAT ATTORNEY MAY NEED TO BE AWARE OF:
