

CLIENT INFORMATION SHEET

Date: _____

PLEASE GIVE US INFORMATION ABOUT YOU:

Full Name: _____

Residential Address: _____

City: _____ **State:** _____ **Zip:** _____

Res #: _____ **Work #:** _____ **Fax #:** _____

Mobile #: _____

Driver's License #: _____ **Social Sec. #:** _____ **Date of Birth:** _____

Email Address: _____

In case of emergency contact: Name: _____

Address: _____ **Phone #:** _____

Where shall we bill you? _____

Where shall we correspond with you? _____

If we are to bill a third party such as your corporation, partnership, etc., please provide the following:

Corp.? _____ **If yes, date of incorporation:** _____ **State of incorporation:** _____

Exact corporation name: _____ **Tax ID #:** _____

Corporate Officers: _____

Corporate Address: _____

Assumed names of the corporation: _____

Partnership? _____ If yes, date partnership was set up _____

Name of partnership: _____ Tax ID#: _____

Names & addresses of all partners: _____

Assumed name filed in what counties: _____

MAY WE CONTACT YOU AT YOUR PLACE OF EMPLOYMENT? _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Where may you be contacted during working hours: _____

If a business, is there an after hours number where we may contact you? _____

To which attorney in this firm were you originally referred? (Please circle one)

Kris Landrith

David Kulesz

Which attorney in this firm are you here to see? (Please circle one)

Kris Landrith

David Kulesz

MAY WE ASK HOW YOU FIRST HEARD ABOUT OUR FIRM?

If a person:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

If another source:

Lawyer Referral: Which one? *Arlington* _____ *Tarrant* _____ *Other* _____

Internet: Which search engine? (Please circle)

Google *Yahoo* *Bing* *MSN*

Website: *Findlaw.com* *Yelp* *YP.com*

Yellow Pages: Which one? *Arlington* _____ *Fort Worth* _____

Other (Please specify): _____

Signature