

**CLIENT INFORMATION SHEET**

Date: \_\_\_\_\_

**PLEASE GIVE US INFORMATION ABOUT YOU:**

**Full Name:** \_\_\_\_\_

**Residential Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Res #:** \_\_\_\_\_ **Work #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Mobile #:** \_\_\_\_\_ **Beeper#:** \_\_\_\_\_ **Friend #:** \_\_\_\_\_

**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?** \_\_\_\_\_

**MAY WE CONTACT YOU AT YOUR PLACE OF EMPLOYMENT?** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Where you may 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   G. Robyn Accipiter   Andrew Seibert*

**Which attorney in this firm are you here to see? Please circle one:**

*Kris Landrith David Kulesz G. Robyn Accipiter Andrew Seibert*

**WHO REFERRED YOU TO US? PLEASE IDENTIFY:**

*If a person:*

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

*If another source:*

**Lawyer Referral: Which one? Arlington** \_\_\_\_\_ **Tarrant** \_\_\_\_\_ **Other** \_\_\_\_\_

**Online: Which website? (Please circle)** [www.lawyers.com](http://www.lawyers.com) [www.findlaw.com](http://www.findlaw.com)

**Yellow Pages: Which one? Arlington** \_\_\_\_\_ **Fort Worth** \_\_\_\_\_ **Dallas** \_\_\_\_\_

**Other (Please specify):** \_\_\_\_\_

**MAY WE ASK HOW YOU FIRST HEARD ABOUT OUR FIRM?**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

*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 \_\_\_\_\_

Names & addresses of all partners: \_\_\_\_\_

Name of partnership: \_\_\_\_\_ Tax ID#: \_\_\_\_\_

Assumed name filed in what counties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature