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CLIENT NAME:	
MAIDEN NAME <i>(if applicable)</i> :	
ADDRESS:	CITY/STATE/ZIP:
HOME PHONE:	
WORK PHONE:	
CELL:	
May we send mail or contact you at your home? _____ YES _____ NO	
PRIMARY EMAIL ADDRESS <i>(Please provide the email address you wish to receive correspondence)</i> :	
DATE OF BIRTH:	
BIRTHPLACE:	
SSN:	
DRIVER'S LICENSE NO. & STATE:	
YOUR OCCUPATION:	
YOUR EMPLOYER & ADDRESS:	
NATURE OF LEGAL MATTER: <i>(Please briefly describe the nature of the legal advice sought)</i> :	

SPOUSE'S NAME:	
SPOUSE'S ADDRESS:	CITY/STATE/ZIP:
SPOUSE'S HOME PHONE:	SPOUSE'S EMAIL ADDRESS:
SPOUSE'S WORK PHONE:	
SPOUSE'S CELL PHONE:	
IS YOUR SPOUSE REPRESENTED BY AN ATTORNEY: _____ YES _____ NO	
IF YES, WHAT IS THE ATTORNEY'S NAME?:	
SPOUSE'S DATE OF BIRTH:	SPOUSE'S RACE:
SPOUSE'S BIRTHPLACE:	
SPOUSE'S SSN:	SPOUSE'S MAIDEN NAME:
SPOUSE'S DRIVER'S LICENSE NO. & STATE:	
SPOUSE'S OCCUPATION:	
SPOUSE'S EMPLOYER & ADDRESS:	
DATE OF MARRIAGE:	
DATE OF SEPARATION:	
PLACE OF MARRIAGE:	
PLEASE PROVIDE THE FOLLOWING FOR CHILDREN:	
NAME (First/Middle/Last):	NAME (First/Middle/Last):
BIRTHDATE:	BIRTHDATE:
SSN:	SSN:
RACE:	RACE:
NAME (First/Middle/Last):	NAME (First/Middle/Last):
BIRTHDATE:	BIRTHDATE:
SSN:	SSN:
RACE:	RACE:
HOW DID YOU HEAR ABOUT OUR LAW FIRM:	