## NEW CLIENT QUESTIONNAIRE

## PERSONAL INFORMATION

Name		
Address		<del></del>
Telephone No. Home		Work
Social Security Number		
TD ' 1 T ' BT I		C C <del>T</del>
Date of Birth	Age	Race
Height		Weight
Marital Status		
Name of Spouse if Any		Age
Names of Children if Any		Ages
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Please describe all the circumstances	s causing you to	need the services of an Attorney, providing
		opposing parties (including businesses and
corporations) that are involved in this		
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Please give the names, addresses, and phone numbers of all persons who have any knowledge about this matter. Also, please give a brief description about their knowledge of this matter. (These persons may be called as witnesses to your case.)

Please Describe all Documents, Pictures, or Other Materials which you Believe Support Your Cause:
Please Describe the Services that You Believe Need to be performed for you:
Please Explain How you Would Like to Pay for these Services (Hourly Rate [I charge \$ per hour for my time], Contingency Fee, Other):

Please give any additional comments or other information you would like to relate to me below:
Signature of Prospective Client: