

NEW CLIENT QUESTIONNAIRE

PERSONAL INFORMATION

Name _____
Address _____
Telephone No. Home _____ Work _____
Social Security Number _____
Driver's License Number _____ State of Issuance _____
Date of Birth _____ Age _____ Race _____
Height _____ Weight _____
Marital Status _____
Name of Spouse if Any _____ Age _____

Names of Children if Any	Ages
_____	_____
_____	_____
_____	_____
_____	_____

SERVICES REQUESTED

Please describe all the circumstances causing you to need the services of an Attorney, providing the names, addresses, and telephone numbers of all opposing parties (including businesses and corporations) that are involved in this matter.

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 give any additional comments or other information you would like to relate to me below:

Signature of Prospective Client:
