

Schmid Jacobs Law

Client's Personal Information:

Full Name: _____ SSN: _____ - _____ - _____

Home Address: _____
Street City State Zip

Cell Phone: _____ Work Phone: _____

Email address: _____

Date of Birth: ____/____/____ Place of Birth: _____
City / County / State

Other Names Used (maiden, a/k/a, alias, etc.):

Employer or Business: _____ How long? Years: ____ Months: ____

Work Address: _____ Phone: _____

Driver's License Number: _____ State: _____

Vehicle Year, Make & Model: _____ License Plate: _____

Marital Date Place
Status: _____ Married: ____/____/____ Married: _____

I agree to receive copies of documents in my case via email at: _____

Client's Spouse or Guardian (If Any):

Spouse's Name: _____

Spouse's Employer: _____

Spouse's Employer's Address & Telephone Number

Legal Guardian (if client is a minor or incapacitated):

Full Name

Address Telephone Number

Additional Contact Person:

Name / Relationship

Street Address City State Zip

Work Phone: _____ Cell Phone: _____

Brief Explanation of Matter for which Legal Representation is Sought:

Referred by: _____

The foregoing information is true and correct. I further authorize the Law Office of Kristin Jacobs, P.C. to run a credit check on me to verify my credit status.

DATED this _____ day of _____, 2019.

Client

Co-client