

NEW MATTER MEMO

CLIENT INFORMATION

NAME: _____	DATE: _____
MAIDEN NAME, ADDITIONAL LAST NAMES: _____	
ADDRESS: _____	LAND LINE: _____
City, ST Zip _____	CELL PHONE: _____
E-MAIL: _____	WORK PHONE: _____
COUNTY OF RESIDENCE: _____	DOB: _____
LENGTH OF RESIDENCE IN COUNTY: _____	SSN: _____
DATE OF MARRIAGE: _____ OR DATE OF DISSOLUTION: _____	
PLACE OF EMPLOYMENT: _____	WAGES / SALARY / RATE OF PAY: _____
POSITION: _____	_____
WEEKLY WORK SCHEDULE: _____	TIPS / BONUSES / COMMISSION: _____
TOTAL HOURS WORKED PER WEEK: _____	_____
OTHER EMPLOYMENT / SOURCE OF INCOME: _____	
EMERGENCY CONTACT (OTHER THAN SPOUSE): _____	
ADDRESS: _____	TELEPHONE: _____
Referred By (check any/all): <input type="checkbox"/> YellowPages <input type="checkbox"/> Google <input type="checkbox"/> Bing <input type="checkbox"/> Yahoo <input type="checkbox"/> Super Lawyers <input type="checkbox"/> Findlaw.com <input type="checkbox"/> Lawyers.com <input type="checkbox"/> Indianapolis Monthly <input type="checkbox"/> Attorney (name): _____ <input type="checkbox"/> Other(specify): _____	

OPPOSING PARTY

NAME: _____	LAND LINE: _____
MAIDEN NAME, ADDITIONAL LAST NAMES: _____	
ADDRESS: _____	CELL PHONE: _____
City, ST Zip _____	WORK PHONE: _____
COUNTY OF RESIDENCE: _____	DOB: _____
LENGTH OF RESIDENCE IN COUNTY: _____	SSN: _____
PLACE OF EMPLOYMENT: _____	WAGES / SALARY / RATE OF PAY: _____
POSITION: _____	_____
WEEKLY WORK SCHEDULE: _____	TIPS / BONUSES / COMMISSION: _____
TOTAL HOURS WORKED PER WEEK: _____	_____
OTHER EMPLOYMENT / SOURCE OF INCOME: _____	
OPPOSING COUNSEL (if known): _____	

CHILD(REN)

FULL NAME:	DOB:	SSN:	SCHOOL / PRE-SCHOOL / CHILD CARE:
1. _____			
2. _____			
3. _____			
4. _____			

FIRM ADMINISTRATION

ATTY: _____	PARALEGAL: _____	DATE OPENED: _____
NATURE OF MATTER: _____		CLIENT NUMBER: _____
CONFLICT CHECK PERFORMED BY: _____		DATE: _____