

BASIC CLIENT QUESTIONNAIRE

YOUR INFORMATION:

Name: _____
(First) (Middle) (Last)

Maiden name, if applicable: _____

Address: _____

Phone number: _____ / _____ / _____
(Cell) (Home) (Work)

NOTE: If we are NOT to call a certain number, please indicate which one(s).

What is the best time/number to call you? _____

Email address: _____ (Please indicate if it is not ok to send emails to this address)

Social security number: _____

Date of birth: _____

State born in: _____

Employer: _____

Address of employer: _____

Hourly rate of pay/hours per week: _____

OPPOSING PARTY INFORMATION:

(Complete as much of the below information regarding the opposing party as you know. If you do not know an answer to one of the lines just leave it blank).

Name: _____
(First) (Middle) (Last)

Maiden name, if applicable: _____

Address: _____

Phone number: _____ (cell) _____ (home) _____ (work)

Social security number: _____

Date of birth: _____

State born in: _____

Employer: _____

Address of employer: _____

Hourly rate of pay/hours per week: _____

What are you ultimately seeking by my representation of you in this action?

Other information you feel may be significant that I should be aware of regarding this action:
