

# Timothy L. Shonk Attorney at Law

## Client Information Form:

This form is necessary for several purposes, including a conflict of interest search – which means before I can represent you, I need to know whether I have represented someone on the opposing side or a spouse or loved one in the past that may prevent me from representing you without authority to do so. The answers to the questions are kept **STRICTLY CONFIDENTIAL** – the information is shared with NO ONE. I do not submit your name, address, or phone numbers, or any other information to any mailing list companies, private individuals, your employer, the government, or any other organizations. ***I am ethically bound by client confidentiality and I take that promise very seriously.*** If you have any questions regarding this form, please ask for assistance. If you have difficulty reading the print on this page, someone will help you by reading each question to you. In order for us to best serve you, YOUR ABSOLUTE HONESTY is required. You can be confident that everything I ask you is necessary to aid me in representing you. **THIS FORM IS AVAILABLE IN LARGE PRINT.**

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Last	First	Middle Initial	Date of Birth
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Home Phone#	Cell Phone#	Email Address
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Mailing Address/Physical (put both if different)	City, State	Zip Code
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Do you participate in social media? Yes/ No	Please specify what kind.
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SS#	Mother's Maiden Name	City, State of Birth
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Contact name and phone number (person I can contact if I need to reach you quickly)  
Do you authorize me to discuss your case with this person? YES / NO

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Do you drive? Do you own a car?	State ID#/Driver's license#
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Married? Divorced? Single? Partner? Husband/Wife's Name (include maiden name)

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Husband/Wife's SS# and Birth date (MM/DD/YYYY)

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Children? Names of children? Ages? Are you paying or receiving support for child(ren)?

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Have you ever been in the Military? If so, what branch and when did you serve our Country?

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If your children do not live with you, who do they live with and what are their addresses?

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Birthday of each child (MM/DD/YY) and SS# of each child.

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Your Place of Employment or Last Employer (dates of employment)

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Address of Employer

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List all past employers. Please include part-time work. If you know the address, please include the city and state. (Extra space on back)

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Describe your position/what you do at the employer?

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Have you ever been in a lawsuit? Where you a Plaintiff, Defendant? Case#(s) if known

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What state, county, city did the lawsuit(s) take place? What year? (Extra space on back)

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Who did you sue or who sued you (names of individuals and corporations, if any)?

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If the lawsuit was a civil lawsuit, please describe the reason for the lawsuit (injury, accident, wrongful death, contract breach, product injury, tax problem, landlord dispute) (additional space on back)

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Have you ever been charged with a crime? What were the charges? Convicted? Year?

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Who was the attorney or law firm that represented you? Address? Phone number?

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Do you currently have a personal liability insurance policy? (Umbrella, renters, homeowners, car) Company? Amount of coverage?

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Do you have a Will or Trust?

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Do you receive financial benefits from a Trust?

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Are you currently or have you ever been a Ward in a Guardianship or Conservatorship?

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When? Who was your Guardian? What was the reason for the Guardianship or Conservatorship?

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Do you have Health Care Insurance? Provider?

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What is your total monthly income (include employment) for each of the answers above? (Extra space on back) Include the total yearly income figure for last year's income tax.

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Did you file singly, jointly? If you are self-employed, please include that information.

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Do you receive alimony, social security, disability benefits, worker's compensation, pension, retirement other than pension (401K, trusts, CDs, Annuities, inheritance, etc.)? Please describe.

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