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**CIVIL CONFIDENTIAL INFORMATION SHEET**

Date \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

Drivers License Number/State \_\_\_\_\_

Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer's Phone Number \_\_\_\_\_

Position/Title \_\_\_\_\_ Salary/Income \_\_\_\_\_

Length of time with current employer \_\_\_\_\_

**If you are married or have a significant other, please provide the following:**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

E-mail Address \_\_\_\_\_

Drivers License Number/State \_\_\_\_\_

Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer's Phone Number \_\_\_\_\_

Position/Title \_\_\_\_\_ Salary/Income \_\_\_\_\_

Length of time with current employer \_\_\_\_\_

**If this is a Civil Law matter, please provide the following:**

Date of incident (if applicable) \_\_\_\_\_

Name, address, and phone # of person(s) with whom you have spoken concerning this matter \_\_\_\_\_

Have you received any documents concerning this case? \_\_\_\_\_

Have you made any oral statements concerning this case? \_\_\_\_\_

Have you signed any written statements concerning this case? \_\_\_\_\_

Do you have pictures concerning this case? \_\_\_\_\_

Please briefly describe the nature of your case \_\_\_\_\_

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**If previously represented by an Attorney, please provide the following:**

Attorney's Name \_\_\_\_\_

Attorney's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Attorney's Phone Number \_\_\_\_\_

Referred By \_\_\_\_\_