

CONFIDENTIAL CIVIL LAW QUESTIONNAIRE

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 _____

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_____