

NEW CLIENT QUESTIONNAIRE

Client Name: _____

Home Address: _____

Telephone Number: _____ (home)
_____ (cell)

Date of birth: ____/____/____

Social Security Number: ____ - ____ - _____

Have you ever been, or are you currently in the military? Yes No

Employment Information

Name of Employer: _____

Work Address: _____

Telephone Number: _____

Wages/Salary: _____

Do you have health insurance through your employer? Yes No

If so, please provide name of insurance company and premium amount

paid: _____

Opposing Party's Contact Information

Name: _____

Address: _____

Telephone: _____

Relation to you (if any): _____

Date of Birth (if known): ____/____/_____

Social Security Number (if known): ____ - ____ - _____

Name of Opposing Counsel (if known): _____

Type of Case

Divorce/Contempt/Modification _____

Personal Injury _____

Other _____

Has a hearing been set in your case, or are there any other deadlines pending? _____

How were you referred to me? (Phonebook, Yellow Book ad, website, etc.)
