

FOR OFFICE USE ONLY

Quoted Retainer: _____

Quoted Hrly Rate: _____

LAW OFFICE OF KATE SMITH

GENERAL INFORMATION SHEET

Client Information

Date: _____

Name _____
First Middle Last Maiden

Address: _____ Home Phone: _____
Bus. Phone: _____
Mobile Phone: _____

Mailing Address: _____ DOB: _____
AGE: _____
DL#: _____
SSN: _____

Email: _____

Employer: _____
Name Address City State Zip

Place of Birth: _____ Make, model and year of vehicle you are currently driving: _____

Preferred Mailing Address: **HOME / WORK / OTHER**

May we contact you at work? **YES / NO**

Would you like to be contacted via email for routine questions? **YES / NO**

Spouse Information

Name _____
First Middle Last Maiden

Address: _____ Home Phone: _____
Bus. Phone: _____
Mobile Phone: _____

Mailing Address: _____ DOB: _____
AGE: _____
DL#: _____
SSN: _____

Email: _____

Employer: _____
Name Address City State Zip

Place of Birth: _____ Make, model and year of vehicle you are currently driving: _____

What type of legal issue are you here to discuss? _____

How were you referred to our office? Friend or other Attorney (please provide name and address):

Internet _____ Yellow Pages _____ Other (please specify) _____

Is there anyone we may contact if we cannot reach you or your spouse to leave a message?

Name: _____

Phone Number: _____ Relationship: _____

NOTICE TO POTENTIAL CLIENT

I understand that, at this point in time, no attorney at this firm as agreed to represent me regarding any legal matter. I understand that the attorneys at this firm only agree to represent clients by way of a written attorney-client contract. If the attorneys decline to represent me, I acknowledge that I am aware that I may jeopardize valuable legal rights (including the right to bring a claim) if I do not act within a certain period of time. If the attorneys at this firm do not agree to accept my case (by way of a written contract) I should see another attorney IMMEDIATELY about my legal matter. I understand that I will not be given any legal advice about how or when I must file a claim. I understand that if I fail to see another attorney immediately that I may fail to preserve my claim and that I may forfeit my right to pursue my claim. I HAVE READ THIS PARAGRAPH AND I ACKNOWLEDGE THAT I UNDERSTAND IT.

Today's Date

Signature