CLIENT INFORMATION SHEET

PRINT NAME:		SIGNATURE	
ADDRESS: (please provide phys	sical address as well as any PO Box):	
PHONE NUMBERS:	(home)		
	(cell)		
	(work)		
	(other)		
WILL ANYONE BE WITH YO	U AT YOUR APPOINTMENT?:	YESNO	
IF <u>YES</u> , PLEASE PROVIDE TH	EIR NAME(S), ADDRESS & COI	VTACT INFORMATION:	
WHAT DO YOU WANT TO S	EE AN ATTORNEY ABOUT?:		
IS THE ATTORNEY GENERAL	L`S OFFICE (A.G.) INVOLVED?	YESNO	
HOW DID YOU HEAR ABOU	TT 1102.		
HOW DID TOU HEAR ABOU	105%		
ARE YOU A MEMBER OF PRE	EPAID LEGAL?:	YESNO	
(Initials) Attorney	<u>y`s fees</u> - When you hire us, we are in	this with you to WIN - to do all that it takes to protect you and your rights. We w	rill tell you wha
we think - based on our experience	e - the attorney`s fees will be, but we	cannot and do not know for sure how much work we will have to do. Please und	erstand that the
figure we give you will be our best	estimate, but it cannot be and is not a	n exact amount. The exact amount can be determine d only after we work for you	. Please initia
this paragraph to indicate that you	have read and understand this circum	stance.	
		For office use:	
		Client ID: Responsible Attorney:	