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**New Client Information Sheet**

**CLICK WHERE INDICATED TO ENTER TEXT; DO NOT TAB**

|  |  |
| --- | --- |
| **Client:** Click here to enter text. | **Today’s Date:** Click here to enter text. |
| **Address:** Click here to enter text. |  |
| Click here to enter text. | **Date of Appt:**Click here to enter text. |
| **Home Phone:** Click here to enter text. | **Fax #:** Click here to enter text. |
| **Work Phone:** Click here to enter text. | **Cell Phone:** Click here to enter text. |
| **Email address:** Click here to enter text.**Would you like to receive our newsletter?** **Yes** [ ]  **No** [ ]  | **Attorney You Are Meeting With Today:**Click here to enter text. |
| **DOB:** Click here to enter text.Click here to enter text. | **SSN:** Click here to enter text.Click here to enter text. |
| **Nature of Matter:** Click here to enter text. |
| **Referred By:** Click here to enter text. |
| **Preferred Means of Communication:** Click here to enter text. |
| **Name and Address of Adverse Party:** Click here to enter text. |

***We collect this information as part of our preliminary discussions with you, but completing this form and our discussions do not create an attorney-client relationship. The attorney-client relationship only exists after we agree to represent you and you have hired us by signing and returning an engagement letter.***