



Criminal + Family Law

NEW CLIENT INFORMATION

TODAY'S DATE: _____

CLIENT'S FULL NAME: _____

OTHER NAME(S) USED: _____

DATE OF BIRTH: _____ SS#: _____ - _____ - _____ DRIVER'S LICENSE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

COUNTY: _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: (HOME) _____ Can we contact you at this number? yes no
(WORK) _____ Can we contact you at this number? yes no
(CELL) _____ Can we contact you at this number? yes no

E-MAIL ADDRESS: _____ How regularly do you check this e-mail address?
Once a day Once a week Once a month

PLACE OF EMPLOYMENT: _____

NATURE OF CASE: _____

OPPOSING PARTY: _____

NAME OF OTHER ATTORNEY(S) CONSULTED: _____

REFERRED BY: _____

ATTORNEY TO FILL OUT

FEE AGREEMENT: _____ RETAINER _____ FLAT FEE: _____ CONT _____ %

ATTORNEY LIEN: _____ NOTE / DEED OF TRUST _____ CLIENT CATEGORY: _____

CLIENT SIGN FEE AGREEMENT? YES NO CLIENT PAY RETAINER? YES NO

CONFLICT CHECK COMPLETE? YES NO CONFLICT? YES NO