

CLIENT INFORMATION – GENERAL

A. CLIENT

NAME: _____
(First) (Middle) (Last)

CURRENT ADDRESS: _____

(City) (County) (State) (Zip Code)

CELL PHONE: _____ SSN#: _____
HOME PHONE: _____ DATE OF BIRTH: _____
WORK PHONE: _____ PLACE OF BIRTH: _____
FAX NUMBER: _____ CALL BEFORE FAX? _____

EMAIL: _____

SECURE WAY TO CONTACT YOU (check all that apply):

Mail: _____ **Home** _____ **Business** _____ **Email**
Phone: _____ **Home** _____ **Business** _____ **Cell**

EMPLOYER: _____

WORK ADDRESS: _____

PERSON WHO REFERRED YOU TO OUR OFFICE: _____

B. OTHER PARTY

NAME: _____
(First) (Middle) (Last)

CURRENT ADDRESS: _____

(City) (County) (State) (Zip Code)

SSN#: _____ DATE OF BIRTH: _____
EMAIL: _____ PLACE OF BIRTH: _____

EMPLOYER: _____

WORK ADDRESS: _____

OTHER PARTY'S ATTORNEY: _____

C. BRIEF STATEMENT OF PROBLEM AND DOCUMENTS BROUGHT FOR REVIEW

D. ADDITIONAL INFORMATION

Do you have a blog and/or an online profile or page? _____ Yes _____ No
If so, what is the URL? _____

Does the other party have a blog and/or an online profile or page? _____ Yes _____ No
If so, what is the URL? _____

Waggoner Hastings publishes an e-newsletter on educational topics that may be of interest to you. May we send you our newsletter? _____ Yes _____ No