

New Client Civil Information Form

Date: _____

Name: _____

Birth Date: _____ Social Security No.: _____

Driver's License No.: _____

Address: _____

City, State and Zip Code: _____

Phone Number: (Home) _____ (Work) _____

(Cell) _____ Email: _____

Employer: _____

Employer's Address: _____

City, State and Zip Code: _____

Reason for coming to our office today? _____

How were you referred to this office?: _____

Please give name, address and phone number of a relative or person who will know your whereabouts if we are unable to contact you: _____

You will be charged for your visit, except for the time discussing fees, and payment it expected today.

FOR OFFICE USE ONLY

Attorney: _____

Retainer: _____ Hourly Rate/Flat fee: _____

Notes: _____
