

NEW CLIENT INFORMATION SHEET

DATE: _____

**NOTE: ALL INFORMATION IS CONFIDENTIAL AND PRIVILEGED
AND WILL BE RETURNED TO YOU IF YOUR CASE IS NOT ACCEPTED.**

PERSONAL HISTORY

FULL NAME: _____

DATE OF BIRTH: _____ AGE: _____ SEX: _____

SOCIAL SECURITY NUMBER: _____ TELEPHONE NUMBER: (____) _____

CELL PHONE: _____ EMAIL: _____

FAX NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MAILING ADDRESS IF DIFFERENT FROM YOUR HOME ADDRESS: _____

EMPLOYED BY: _____

ADDRESS: _____

TELEPHONE NUMBER: (____) _____ EXT. # _____

OCCUPATION: _____

EDUCATIONAL LEVEL: _____

MARITAL STATUS: MARRIED: _____ SINGLE: _____ DIVORCED: _____ NUMBER OF CHILDREN: _____

SPOUSE'S FULL NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

ARE YOU INVOLVED IN ANY OTHER LITIGATION? IF SO, PLEASE LIST: _____

REASON FOR SEEKING ADVICE OF AN ATTORNEY: _____

HOW DID YOU FIND OUT ABOUT THIS LAW FIRM? _____

FindLaw Friend/Family Member Yellow Pages the *Flyer* Google Website Facebook direct mail
other _____

DID MY WEBSITE AT TIMSIERRA.COM PLAY A PART IN MAKING AN APPOINTMENT? _____

WHAT DID YOU LIKE OR DISLIKE ABOUT THE WEBSITE? _____