

TIMOTHY J. SIERRA, ATTORNEY AT LAW

TODAY'S DATE: _____

NOTE: YOUR RESPONSES ARE PROTECTED BY ATTORNEY/CLIENT PRIVILEGE AND WILL BE HELD IN STRICT CONFIDENCE. ALL INFORMATION WILL BE RETURNED TO YOU IF YOUR CASE IS NOT ACCEPTED.

PERSONAL HISTORY

FULL NAME: _____

AGE: _____ SEX: _____ LAST FOUR OF SSN: _____

HOME NUMBER: (____) _____

CELL PHONE: (____) _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MAILING ADDRESS IF DIFFERENT FROM YOUR HOME ADDRESS: _____

EDUCATIONAL LEVEL: _____

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

SPOUSE'S FULL NAME: _____

SPOUSE'S DATE OF BIRTH: _____ LAST FOUR OF SSN: _____

CURRENT EMPLOYER: _____

EMPLOYER ADDRESS: _____

TELEPHONE NUMBER: (____) _____ EXT. # _____

OCCUPATION: _____

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

HAVE YOU PREVIOUSLY FILED FOR BANKRUPTCY BEFORE? _____

BRIEFLY EXPLAIN YOUR REASON FOR SEEKING AN ATTORNEY TODAY:

HOW DID YOU LEARN OF OUR OFFICE:

A FRIEND

FORMER CLIENT

MAILER

WEB SEARCH (Google, etc.)

FACEBOOK

OTHER _____