

Client Name: _____ file # _____ SOL: _____

GENERAL CIVIL CLIENT INFORMATION SHEET

WHO WERE YOU REFERRED BY: (INDIVIDUAL, YELLOW PAGE AD, ETC.)

PERSONAL INFORMATION:

NAME: _____

Address: _____

Telephone Number: (home) _____

Age: ____ Date of Birth: _____ Social Security No: _____

EMPLOYER: _____

Address: _____

Telephone Number: (work) _____

Occupation: _____ Worked there how long? _____

Immediate Supervisor: _____

SPOUSE'S NAME: _____

Address: _____

Telephone Number: (home) _____

Spouse's Employer: _____

Employer's Address: _____

Telephone Number: (work) _____ Occupation: _____

Age: ____ Date of Birth: _____ Social Security No: _____

CHILDREN:

Name(s)/Age(s): _____

How many children are living with you now? _____

Prior **claims and/or settlements** (types, dates, attorneys):

Reason for visit to office:

WITNESSES:

1. NAME & ADDRESS: _____

Telephone Number: (____) _____

DAMAGES:
