

Law Offices of Susan M. Edmonson
2501 65th Street, Suite B
Galveston, Texas 77551
Phone: (409) 744-0816 Fax: (409) 741-3979

CLIENT INFORMATION FORM

INSTRUCTIONS: Answer all questions truthfully and completely. The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf, or unless otherwise required by law.

Date: _____

CLIENT INFORMATION

Your Name: _____

Home Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other: _____

E-mail Address: _____

Soc. Sec. No: _____ Driver's License No: _____

Date of Birth: _____ City/State of Birth: _____

EMPLOYER: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Nature of case / reason for seeking consultation with our office: _____

How did you hear about our office? _____

Please continue on the next page

OTHER PARTY INFORMATION

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other: _____

E-mail Address: _____

Soc. Sec. No.: _____ Driver's License No: _____

Date of Birth: _____ City/ State of Birth: _____

EMPLOYER: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Is other party represented by an ATTORNEY in this matter? Yes No

If YES, please answer the questions below:

Name of Attorney/Firm: _____

City where office located: _____ Phone: _____

Indicate if this or any other attorney has:

<i>Represented other party in other matters (besides this case)?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Provided advice or other services to you regarding this case?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Provided advice or other services to you regarding other matters?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Talked with you in person or by telephone regarding this case?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Sent a letter or other written communications to you related to this</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<i>case?</i>		
<i>Served papers (by a sheriff or process server) upon you in this case?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I understand that the cost of a consultation is \$50 and to be paid at time of service.

Signature: _____

Date: _____

* Legal plan members will be charged according to their respective plans.