

**CLIENT INFORMATION - PLEASE PRINT**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail \_\_\_\_\_ Cell / Pager: \_\_\_\_\_

Social Security # (Last 4) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Drivers License No. (Last 4): \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Subject Matter for Consultation: (please be specific)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have, or have you ever had, a case pending with the Tx. Attorney General? \_\_\_\_\_ yes \_\_\_\_\_ no

Have you visited this office before? \_\_\_\_\_

Have you talked with another attorney regarding this matter? \_\_\_\_\_

Are you currently represented by an attorney? \_\_\_\_\_

How did you learn of our office? \_\_\_\_\_

(i.e. yellow pages, other advertisement, referral, etc.)

Referred by: \_\_\_\_\_

\_\_\_\_\_  
Signature

**-- 5% DISCOUNT GIVEN ON CASH PAYMENTS --**

THERE WILL BE A \$35.00 CHARGE ON ALL CHECKS RETURNED FOR NSF

\_\_\_\_\_  
Attorney's Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_