

# CLIENT INFORMATION SHEET

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

## A. INFORMATION ABOUT YOURSELF:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (H): \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

FL Drivers License No.: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation / Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Matter: \_\_\_\_\_

## B. How were you referred to our office? Please check one:

- Yellow Book                       The Real Yellow Pages (AT&T)
- Internet Search Engine:
- |  |   |                                |
|--|---|--------------------------------|
| <input type="checkbox"/> Google          | <input type="checkbox"/> Yellowbook.com | <input type="checkbox"/> MSN   |
| <input type="checkbox"/> FindLaw.com     | <input type="checkbox"/> Lawyers.com    | <input type="checkbox"/> Yahoo |
| <input type="checkbox"/> Yellowpages.com | <input type="checkbox"/> Bing.com       | <input type="checkbox"/> Other |
- Referral: \_\_\_\_\_  
Please state name
- Other: \_\_\_\_\_  
Please explain

*If you provide your email address on this form you will be added to our email list so that you can receive free monthly newsletters about changes in the law that might affect your case.*

**C. INFORMATION ABOUT YOUR SPOUSE / OPPOSING PARTY:**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (H): \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

FL Drivers License No.: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation / Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Is she or he Military? \_\_\_\_\_ If so, for how long? \_\_\_\_\_

**D.** Are you a member of any legal insurance plan? \_\_\_\_\_

**E.** Have you been involved in any prior legal proceedings or met with any attorney previously? Yes No

If your response is yes, please provide details as to the names of all parties involved in the proceedings(s), including attorneys, nature of such proceedings, approximate dates of such proceedings, and any further information you may have regarding the proceeding, such as case number:

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

The purpose of your first consultation is to determine whether you have a problem with which we can help you, to explain to you how we can assist you with your problem and what it will cost to you. If you wish for us to begin to work on your case today, we will require a non-refundable retainer.

Any questions you may have will be discussed with your attorney during the consultation. Anything discussed during your consultation with your attorney will remain confidential. Thank you for selecting the Law Offices of Mark Abzug, P.A. for assistance with your legal matter.