

D e m o n s t r a t i o n

Today's Date: _____

INITIAL CLIENT VISIT

Please fill out as much as you can. Everything you write is confidential and protected by the attorney-client privilege.

Name:

Address:

Home telephone:

Work Telephone:

Employer:

Birthdate:

Social Security Number:

Married Divorced Single Widowed (circle one)

Children: (name, sex, age)

How did you learn about this attorney? (Yellow pages, referral, etc)

SUBJECT MATTER (CIRCLE ONE)

BANKRUPTCY CRIMINAL DIVORCE/FAMILY LAW BUSINESS

PERSONAL INJURY IMMIGRATION EMPLOYMENT/WORK COMP

OTHER INFORMATION:

HAVE YOU SEEN ANOTHER ATTORNEY? IF SO, WHO?

HAVE YOU SEEN A DOCTOR? IF SO, WHO?

BRIEFLY DESCRIBE THE FACTS OF YOUR SITUATION OR CASE:

NAMES OF WITNESSES:

WHAT FINAL RESULT ARE YOU LOOKING FOR?