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INITIAL CLIENT VISIT

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

Today's Date: _____

Name:

Address:

Home telephone:

Work Telephone:

Employer:

Birthdate:

Social Security Number:

Married Divorced Single Widowed
(Please circle one)

Children:

How did you hear of this attorney? (Yellow pages, referral,
etc.)

TYPE OF 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 CASE:

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

NAMES OF WITNESSES:

WHAT DO YOU WANT TO HAPPEN AT THE END OF YOUR CASE?