

LORCH NAVILLE WARD LLC
CONFIDENTIAL CLIENT INFORMATION FORM

Thank you for your patience and attention to detail in filling this out. Failure to adequately and completely fill this out could result in our firm having to withdraw from your representation which could cause you to have to expend additional monies with not only Lorch Naville Ward LLC, but also with a new lawyer.

Today's Date:

With which attorney are you consulting today?

Please briefly describe the nature of your legal problem:

CLIENT NAME:

Address:

City, State, Zip:

Phone Number (Home):

Phone Number (Cell):

Phone Number (Cell):

Fax Number:

E-Mail Address at Work (if you can receive, or would like to receive, E-Mail):

E-Mail Address at Home (if you can receive, or would like to receive, E-Mail):

Social Security Number:

Date of Birth:

Age:

Employment:

Employment Address:

Gross Pay:
Weekly, bi-weekly, monthly (circle one)

Medical Insurance:

OPPOSING PARTY:

Address:

City, State, Zip:

Phone Number (Work):

Phone Number (Home):

Social Security Number:

Date of Birth:

Age:

Employment:

Employment Address:

Date of Hire:

Gross Pay:
Weekly, bi-weekly, monthly (circle one)

Medical Insurance:

Date of Marriage:

City, County, State of Marriage:

If currently separated, date of separation:

CHILDREN BORN OF MARRIAGE:

NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER

CHILDREN BORN OF PREVIOUS MARRIAGE? IF YES:

NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER
Do you pay child support?	Amount?	
Do you have child care related expenses?	Amount?	

Can you accept phone calls at your place of business?

How did you select Lorch Naville Ward LLC?

Referred by: _____

Yellow Pages: _____ TV Advertising: _____

Other: (be specific): _____

The following information is needed so that we can perform a "Conflict of Interest Check" to ensure that another attorney in this firm is not representing someone that would cause a conflict with your case.

1. Maiden Name or Other Former Name:

2. Is there an opposing party of whom you are aware? If so, please state name:

3. If married, spouse's employer:

I understand that I am responsible for payment of legal services rendered to me, including this initial conference.

DATE:

SIGNATURE: