

**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?

**CLIENT NAME:**

Street Address:

City, State, Zip:

Phone Number (Home):

Phone Number (Work):

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):

His Social Security Number:

Her Social Security Number:

His Date of Birth:

Age:

Her Date of Birth:

Age:

Employment:

Employment Address:

Position held:

How long?

Can you accept telephone calls at your place of employment?

How did you select Lorch Naville Ward LLC?

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

Yellow Pages: \_\_\_\_\_ TV Advertising: \_\_\_\_\_

Other: (please 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: