



CLIENT INFORMATION FORM

FILE NO.:		ATTORNEY:
CLIENT NAME:		
MATTER DESCRIPTION:		
DATE:		
CONTACT PERSON:		
PREFERRED METHOD OF CONTACT:		
HOME ADDRESS:		
TELEPHONE NO.:		
CELL NO.:		
EMAIL ADDRESS:		
BUSINESS ADDRESS:		
TELEPHONE NO.:		
FAX NO.:		
CELL NO.:		
EMAIL ADDRESS:		
INFO FOR ADDITIONAL CONFLICT CHECK:		
OTHER PARTIES:		
ACCOUNTING INFO:	<input type="checkbox"/> Flat Fee \$ _____ <input type="checkbox"/> Retainer \$ _____	