

# CLIENT INFORMATION SHEET

DATE: \_\_\_\_\_

\*\*\*Please print and fill-out *completely*!!\*\*\*

Client's FULL Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Client's address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Spouse's FULL Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Spouse's address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ Zip code: \_\_\_\_\_

Client's Home Phone#: \_\_\_\_\_  
Client's Work #: \_\_\_\_\_  
Spouse's Work #: \_\_\_\_\_  
Cellular Phone #: \_\_\_\_\_  
Pager #: \_\_\_\_\_

Client's Work Place: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_

Spouse's Work Place: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_

Spouse's attorney (if applicable)

Do you have internet access? \_\_\_\_\_ Yes \_\_\_\_\_ No  
E-Mail address: \_\_\_\_\_

Reason for office visit: (Please check one)

\_\_\_\_ Bankruptcy    \_\_\_\_ Child Custody    \_\_\_\_ Child Support    \_\_\_\_ Divorce    \_\_\_\_ Will  
\_\_\_\_ Legal Separation    \_\_\_\_ Adoption    \_\_\_\_ Other (please explain) \_\_\_\_\_

IF YOU CHECKED CHILD CUSTODY, CHILD SUPPORT, DIVORCE, LEGAL SEPARATION, OR OTHER, PLEASE ADVISE IF THE PERSON ON THE OTHER SIDE OF THIS MATTER HAS EVER RETAINED OUR SERVICES. \_\_\_\_\_ YES    \_\_\_\_ NO

Have you ever retained or been employed by Attorney Geoffrey A. Planer? \_\_\_\_\_

How did you hear about us? (Please check one)

\_\_\_\_ Phone Book    \_\_\_\_ Newspaper    \_\_\_\_ Personal Referral  
\_\_\_\_ Our letter to you    \_\_\_\_ Other \_\_\_\_\_  
(Please describe/explain)