

LAURA DALE & ASSOCIATES, P.C.. CLIENT INFORMATION SHEET (MISCELLANEOUS BANKRUPTCY)

Attorney-Client Privileged Communication

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|--|-------------------------------------|
| YOUR FULL LEGAL NAME _____ | HOME PHONE _____ |
| HOME ADDRESS _____ | WORK PHONE _____ |
| _____ | CELL NO. _____ FAX NO. _____ |
| PREFERRED MAILING ADDRESS: HOME _____ WORK _____ | E-MAIL ADDRESS _____ |
| COUNTY OF RESIDENCE _____ | LENGTH OF TIME IN THAT COUNTY _____ |
| BIRTH DATE _____ | BIRTH PLACE _____ |
| Mo./Day/Year | City/County/State |
| DRIVER'S LICENSE NO. & STATE _____ | SOCIAL SECURITY NO. _____ |
| EMPLOYER _____ | LENGTH OF EMPLOYMENT _____ |
| ADDRESS _____ | JOB DESCRIPTION _____ |
| _____ | |

| | |
|------------------------------------|-------------------------------------|
| SPOUSE'S NAME _____ | HOME PHONE _____ |
| ADDRESS _____ | WORK PHONE _____ |
| _____ | CELL NO. _____ FAX NO. _____ |
| COUNTY OF RESIDENCE _____ | LENGTH OF TIME IN THAT COUNTY _____ |
| BIRTH DATE _____ | BIRTH PLACE _____ |
| Mo./Day/Year | City/County/State |
| DRIVER'S LICENSE NO. & STATE _____ | SOCIAL SECURITY NO. _____ |
| EMPLOYER _____ | LENGTH OF EMPLOYMENT _____ |
| ADDRESS _____ | JOB DESCRIPTION _____ |
| _____ | |

CONTACT WHO CAN REACH YOU AT ALL TIMES:

NAME _____ RELATIONSHIP _____ PHONE NUMBER _____

WHO MAY WE THANK FOR REFERING YOU TO OUR OFFICE? _____

HAVE YOU VISITED OUR WEB SITE? _____ YES _____ NO

HAVE YOU OR ANYONE IN YOUR FAMILY CONSULTED WITH OUR OFFICE BEFORE? _____ YES _____ NO

WHAT IS THE PURPOSE OF YOUR CONSULTATION TODAY? _____

IF A BANKRUPTCY CASE IS CURRENTLY PENDING PLEASE STATE THE CASE NUMBER AND THE FULL LEGAL NAME OF THE PERSON WHO FILED THE CASE:

FOR OFFICE USE ONLY

DATE OF INTERVIEW _____

CASE TYPE/FEE DUE _____

CONTRACT PROVIDED TO CLIENT _____

CONTRACT EXECUTED AND RECEIVED _____