



CLIENT INFORMATION SHEET

DATE _____ **APPOINTED** _____ **RETAINED** _____
REFERRAL SOURCE _____

NAME _____
DATE OF BIRTH _____ **AGE** _____
CASE TYPE (charges if applicable) _____
DRIVER LICENSE NO. _____ **STATE** _____

ADDRESS _____
PHONE (home) (____) _____ ok to leave message? ()yes ()no
(cell) (____) _____ ok to leave message? ()yes ()no
EMAIL ADDRESS _____

HOMETOWN: CITY/STATE _____
LENGTH OF TIME IN MECK COUNTY _____
MARITAL STATUS _____ **SPOUSE'S NAME** _____
CHILDREN: NUMBER _____ **CHILDREN(s) AGES** _____

EMPLOYER _____ **OCCUPATION** _____
LENGTH OF TIME AT CURRENT EMPLOYER _____
ADDRESS _____
PHONE (____) _____
SSN (if applicable): _____
EDUCATION _____
MILITARY/DISCHARGE _____

(optional) **RACE** _____ **SEX** _____

STATEMENT OF THE CASE:

POSSIBLE WITNESSES:
