

HAND LAW FIRM

ATTORNEY AT LAW



CLIENT INFORMATION FORM

GENERAL

Today's Date _____ Date of Occurrence: _____

Date of Birth _____ Social Security: _____

Name _____

Address _____

City, State, Zip Code _____

Phone#: (Home) _____ (Cell) _____

E-Mail: _____

How did you find out about us: _____

Name, address, and phone number of Company you work for: _____

Confidential information will be sent to the email address and your home address

Provide a Brief Description of your current situation (Include info about any witnesses)

(For office use only)

☐ Criminal

Flat Fee Rate: _____

☐ Civil

SOL: _____

☐ Social Security

☐ Disability

