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New Client Information Sheet

Client Name: _____

Address: _____

SSN: _____ Driver's License: _____

Date of Birth: _____ E-Mail: _____

Home Phone: _____ Fax: _____

Cell: _____

Billing Address (if different from above): _____

Employer: _____

Address: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Opposing Party: _____

Type of Case: _____

How did you hear of us: _____

By completing and submitting this form, I understand and acknowledge that no attorney-client relationship has been created and that Case & Dusterhoff, LLP has not yet agreed to represent me or my interests, nor have I agreed to hire Case & Dusterhoff, LLP to do so. An attorney client relationship will only be created after an attorney from Case & Dusterhoff, LLP and I have agreed in writing to my representation.