

Work Address: Address, City, State, ZIP

Work Phone: Emergency Only ###-###-####

Employed Since: MM/DD/YYYY

Terminated Date: MM/DD/YYYY

Military Status

I am on active duty. I have served in the military in the past.

Discharge Status:

Court Martial	Administrative Separation
Honorable	Honorable
Bad Conduct	General Under Honorable
Dishonorable	Other than Honorable

Active Date:

Separation Date:

Branch:

Highest Rank:

Legal Background

Have you ever been sued or sued anyone? No Unsure

If yes, list names of parties: First and Last Names

Has a judgment ever been issued against you? Yes No Unsure

If yes, list names of parties: First and Last Names

Have you ever been convicted of a crime? Yes No Unsure

If yes, please provide details:

Other Legal Matters

Do you have a will	Yes	No	Unsure
Do you currently have a Health Care Power of Attorney?	Yes	No	Unsure
Do you currently have a Living Will or similar document?	Yes	No	Unsure
Does anyone hold a general power of attorney for you?	Yes	No	Unsure
Does anyone hold a durable power of attorney for you?	Yes	No	Unsure

Please briefly describe the matter that brings you here:

Are we the first attorney you've consulted on this matter?	Yes	No	Unsure
--	-----	----	--------

If no, please list the other attorney you've consulted with: First and Last Names

How did you hear about my office (who referred you?) First and Last Names

PLEASE READ CAREFULLY & Sign Below

This office does not represent you with regard to the matters set forth by you herein in this information sheet or discussed during your consultation, unless and until, both you and the Attorney execute a written Agreement for Representation. If the Attorney does not agree to represent you, this includes not representing you with regard to the matter set forth by you on this information sheet, or any other matters you may discuss with the Attorney during your consultation. If your legal problem(s) involve a potential lawsuit, it is important that you realize a lawsuit must be filed within a certain period of time called a Statute of Limitations. Therefore, the Attorney strongly urges you to immediately consult with another attorney to protect your rights. The Attorney's decision not to represent you should not be taken by you as an expression regarding the merits of your case.

Your signature acknowledges only that you received a copy of this completed information sheet and does not mean you have hired the Attorney.

SIGNATURE _____ Date ___/___/___

