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Contact Information
(please print)

Name Mr. Mrs. Ms. _____ **LAST** _____ **FIRST** _____ **M.I.** _____ Sr. Jr. _____

Street address _____
address city state zip

Mailing address _____
address city state zip

Birthdate _____ Social Security No. _____

Former last names, if any _____

Telephone numbers and email address

Home _____ Cell _____
Work _____ Message _____
Fax _____ EMAIL _____

Spouse's name _____ **Spouse's birthdate** _____

Spouse's SSN _____

Type of legal matter

- Business/Corporate Estate Planning / Probate Family Law Real Estate Personal Injury
 Other, describe: _____

If this involves a dispute with someone or a business, please list those names: _____

IF this is regarding your business, please list:

Business name _____

Business address _____

Would you like this case to be opened under your business name? Yes No

Correspondence and bills should be sent to my: Business address Home address

PLEASE INDICATE HOW YOU WERE REFERRED TO OUR OFFICE

- Website (www.walstead.com) A member of our law firm
 Yellow pages - which city phone book did you use _____
 Another law office - please indicate the attorney's name _____
 WEA member (you or your spouse) CLC referral
 Other _____

All information requested is confidential and will be used for our files only

DISCLAIMER

The information presented on this form is not intended to be legal advice regarding your specific situation and is not intended to replace the work or advice of an attorney. Accessing this form through the WALSTEAD MERTSCHING PS website (www.walstead.com) does not create either an expressed or implied attorney-client relationship. Any disclosure of confidential information is not protected and may be detrimental to you if we already have an existing attorney-client relationship with a party who may be adverse to you.

By submitting this form, you agree that no information disclosed by you shall prohibit WALSTEAD MERTSCHING PS or its individual attorneys from representing a different client in this matter.