

WALSTEAD MERTSCHING PS

— ATTORNEYS AT LAW —

CLIENT 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

Birth date ____ / ____ / ____ Social Security No. _____

Former last names, if any _____

EMAIL ADDRESS _____

PHONE NUMBERS Home (____) _____ Work (____) _____

Cell (____) _____ Fax (____) _____

Message number & name (____) _____

SPOUSE'S NAME _____

Spouse's birth date ____ / ____ / ____ Spouse's S.S.N. _____

Type of legal matter

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

List names of people/businesses involved in this dispute _____

Have you been a party to a lawsuit with anyone in this firm? _____

*If this is regarding your **BUSINESS**, please provide the following:*

BUSINESS name _____

BUSINESS address _____

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

Send correspondence and bills to my: Business address Home address

PLEASE INDICATE HOW YOU WERE REFERRED TO OUR OFFICE

- www.walstead.com Yellow Pages Billboard Newspaper
 Facebook WEA CLC AVVO
 Internet Search (website?): _____
 Another Attorney (name?): _____
 Family/Friend (name?): _____
 Other: _____

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