

Client's Information	Opposing Party's Information
Name:	Name:
Date of Birth:	Date of Birth:
Address:	Address:
City, State, Zip:	City, State, Zip:
Home Phone: Work Phone:	Home Phone: Work Phone:
Cell Phone:	Cell Phone:
Email Address:	Employer:
New Client: <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer's Address:
Number of Years/Months in AZ:	City, State, Zip:
Name of Employer:	Position/Title:
Employer's Address:	Type of Business:
City, State, Zip:	Years/Months in AZ:
Position/Title:	Social Security Number: Please provide by telephone or in person
Type of Business:	
Social Security Number: Please provide by telephone or in person	Are you Currently a Party to a Lawsuit:
Referred By:	
Attorney Requested:	
Today's Date:	
Current Spouse:	
Former Spouse(s):	

*****FOR DIVORCE, PATERNITY, & POST-DECREE CLIENTS ONLY*****

INFORMATION REGARDING MINOR CHILDREN

CHILD'S NAME	DATE OF BIRTH	PLACE OF BIRTH	CHILD'S SSN
			Please provide by
			telephone or in person

Where and with whom have the children lived for the past five years?

From:	To:	Address:	With Whom:

MISCELLANEOUS INFORMATION

Date of Marriage:	Place of Marriage:
Are you (or your spouse) currently pregnant:	When Served:
Do you and/or any of the above children have any extraordinary medical expenses:	
Do you have any other minor children by a previous marriage:	
Do any of these children live with you:	
Are you paying/receiving child support for any children:	If so, amount:

*****FOR PERSONAL INJURY CLIENTS ONLY*****

Date of Accident:	Client's Auto Insurance Company:
Name of Defendant(s):	Med Pay Amount:
	UIM/UM Amount:
	Claim Number if Any:
Defendant's Insurance Co.	
I (have) (haven't) given a statement to defendant's Insurance Company.	
I (was) (was not) Issued a Citation	For What:
Medical Insurance Company:	

*****FOR WILLS, TRUST, & PROBATE CLIENTS ONLY*****

Children's Names	Date of Birth	

OFFICE USE ONLY

<i>Time matter Conflict:</i>	<i>Tabs Conflict:</i>	<i>Time Matters Contacts:</i>
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