

LAW OFFICE OF CALVIN STEINMETZ

NEW CLIENT INFORMATION FORM

DATE: _____ ACCOUNT NO: _____

(PLEASE PRINT OR WRITE CLEARLY)

FULL NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ :ZIP: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NO.: _____

PHONE NO.: (H) _____ (W) _____ (cell) _____

FAX NO. _____ E-MAIL ADDRESS _____

EMPLOYER/OCCUPATION: _____ SALARY: _____

HOURS YOU CAN
BE CONTACTED? (H) _____ (W) _____

WHO REFERRED YOU TO THIS FIRM? _____

MATTER TO BE HANDLED: _____

MARITAL/DP STATUS: _____ NAME OF SPOUSE/PARTNER: _____

CITIZENSHIP: _____ Visa _____

(For Office Use Only)

CATEGORY OF PRACTICE: _____

CHARGE CODE: 1) Flat Fee _____

2) Hourly _____

3) Contingency _____

4) Retainer _____

5) Pro Bono _____