

NEW _____

MEFFORD, WEBER and BLYTHE
Professional Corporation

CURRENT _____/FILE # _____

CONFIDENTIAL CLIENT INFORMATION FORM

Today's Date:		Attorney you are consulting today:	
Please <u>briefly</u> describe the nature of your legal problem:			
CLIENT NAME:			SSN
Street Address:			
City, State, Zip:			
Phone (Home)		(Cell)	
(Work)		Please indicate best time to call:	Can you accept calls at work? Yes / No
Date of Birth:		Email:	
Employer:			
Employer Address:			
Medical Insurance:			
SPOUSE'S NAME (or parent of your children if post-dissolution):			SSN
Street Address:			
City, State, Zip:			
Phone (Home)		Phone (Work)	
Date of Birth:			
Employer:			
Employer Address:			
Medical Insurance:			
Date of Marriage:		City, County, State of Marriage:	

Please Complete Back of Form

MEFFORD, WEBER and BLYTHE
Professional Corporation

How did you select Mefford, Weber and Blythe, Professional Corporation?

Referred by: _____
Yellow Pages: _____ Newspaper : _____
Internet: _____ Other (be specific): _____

The following information is needed so we can perform a Conflict of Interest check to insure that another attorney in this firm is not representing someone who would cause a conflict with your case:

1. Maiden name or other former name:
2. Is there an opposing party of whom you are aware? If so, give the name of that party:

I understand that I am responsible for payment of legal services rendered to me.

DATE:

SIGNATURE:

FOR OFFICE USE ONLY

Date CLIENT # CLIENT NAME
MATTER # _____ MATTER NAME

ADDRESS LINE 1
ADDRESS LINE 2 _____
ADDRESS LINE 3 _____

CITY STATE
ZIP COUNTRY _____

CONTACT NAME
(THIS WILL BE THE ATTN LINE ON THE INVOICE)

PHONE Office OTHER PHONE Home

WORK DESCRIPTION (PRINTS ON THE INVOICE) _____

MISCELLANEOUS LINE #1 _____
MISCELLANEOUS LINE #2 _____
MISCELLANEOUS LINE #3 _____
(MISCELLANEOUS LINES DO NOT PRINT ON THE INVOICE)

DATE OPENED _____ CLOSED _____

BILLING RATE CODE _____ HOURLY RATE _____

PRIMARY TIMEKEEPER _____ SEC. TIMEKEEPER _____ ORIG. TIMEKEEPER _____
(USE NUMBER OF TIMEKEEPER, NOT INITIALS)

BILLING CATEGORY _____
(USE NUMBER)