

**INITIAL CLIENT INFORMATION SHEET  
DOMESTIC CLIENTS**

PLEASE TAKE A MOMENT TO ANSWER THE QUESTIONS BELOW. ALL ANSWERS WILL BE KEPT CONFIDENTIAL.

**PERSONAL INFORMATION:**

NAME: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\* MAY WE CONTACT YOU AT THE ABOVE ADDRESS?                      YES                      NO

\* IF NOT, DO YOU HAVE AN ALTERNATE ADDRESS?                      YES                      NO

ALTERNATE ADDRESS: \_\_\_\_\_

**TELEPHONE:**

HOME: (\_\_\_\_) \_\_\_\_\_                      WORK: (\_\_\_\_) \_\_\_\_\_

FAX: (\_\_\_\_) \_\_\_\_\_                      CELL/PAGER: (\_\_\_\_) \_\_\_\_\_

\* MAY WE CONTACT YOU AT THE ABOVE PHONE NUMBERS?                      YES                      NO

\* IF NOT, DO YOU HAVE AN ALTERNATE NUMBER?                      YES                      NO

ALTERNATE PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

\* MAY WE CONTACT YOU AT THE ABOVE E-MAIL ADDRESS?                      YES                      NO

\* IF NOT, DO YOU HAVE AN ALTERNATE E-MAIL?                      YES                      NO

ALTERNATE E-MAIL: \_\_\_\_\_

\* MAY WE ADD YOUR E-MAIL ADDRESS TO OUR MAILING LIST                      YES                      NO

SOCIAL SECURITY NUMBER: \_\_\_\_\_                      D/O/B \_\_\_\_\_

SPOUSE'S SOCIAL SECURITY NUMBER: \_\_\_\_\_                      D/O/B \_\_\_\_\_

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**MARRIAGE INFORMATION:**

DATE OF MARRIAGE: \_\_\_\_\_

PLACE OF MARRIAGE: \_\_\_\_\_

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**CHILDREN:**

NAME: \_\_\_\_\_ D/O/B: \_\_\_\_\_ SS #: \_\_\_\_\_

NAME: \_\_\_\_\_ D/O/B: \_\_\_\_\_ SS #: \_\_\_\_\_

NAME: \_\_\_\_\_ D/O/B: \_\_\_\_\_ SS #: \_\_\_\_\_

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**EMPLOYER INFORMATION:**

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NO. (\_\_\_\_) \_\_\_\_\_

SPOUSE'S EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NO. (\_\_\_\_) \_\_\_\_\_

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**HOW DID YOU FIND OUT ABOUT OUR OFFICES?**

\_\_\_\_\_ VERIZON SUPER PAGES \_\_\_\_\_ WEBSITE \_\_\_\_\_

\_\_\_\_\_ THE YELLOW BOOK \_\_\_\_\_ NEWSPAPER \_\_\_\_\_

\_\_\_\_\_ WINDSTREAM / ALLTEL YELLOW PAGES \_\_\_\_\_ RADIO \_\_\_\_\_

\_\_\_\_\_ REFERRAL FROM \_\_\_\_\_

\_\_\_\_\_ OTHER (PLEASE SPECIFY) \_\_\_\_\_

THANK YOU,  
DAVID K. LUCAS AND ASSOCIATES

