

Date _____

FOR OFFICE USE ONLY

MATTER NUMBER

INITIAL CLIENT INFORMATION SHEET

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

HUSBAND NAME: _____

WIFE NAME: _____ MAIDEN NAME: _____

IF SPOUSE IS DECEASED: DATE OF DEATH: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

- MAY WE CONTACT YOU AT THE ABOVE ADDRESS? YES NO

ALTERNATE ADDRESS: _____

TELEPHONE: HOME: (____) _____ WORK: (____) _____

CELL: (____) _____ FAX: (____) _____

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

ALTERNATE PHONE NUMBER: (____) _____

HUSBAND E-MAIL ADDRESS: _____

WIFE E-MAIL ADDRESS: _____

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

ALTERNATE E-MAIL: _____

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

INVOICE/BILLING PREFERENCE? EMAIL or U.S. MAIL (please circle one)

EMPLOYMENT INFORMATION:

HUSBAND EMPLOYER: _____

ADDRESS: _____ PHONE NO. (____) _____

WIFE EMPLOYER: _____

ADDRESS: _____ PHONE NO. (____) _____

PERSONAL INFORMATION:

HUSBAND:

+ SOCIAL SECURITY NUMBER: _____ - _____ - _____

+ DATE OF BIRTH: _____

WIFE:

+ SOCIAL SECURITY NUMBER: _____ - _____ - _____

+ DATE OF BIRTH: _____

DATE OF MARRIAGE: _____

NAMES OF CHILDREN:

DATES OF BIRTH:

GENERAL INFORMATION:

HOW DID YOU HEAR ABOUT OUR OFFICES?

_____ VERIZON / IDEARC

_____ WEBSITE

_____ YELLOW BOOK USA/ BERRY

_____ NEWSPAPER / SENIOR FOCUS

_____ E-Z TO USE BIG BOOK

_____ REFERRAL FROM _____

_____ OTHER (PLEASE SPECIFY) _____

DO YOU HAVE A REFERRAL CODE? IF SO, PLEASE STATE: _____

THANK YOU,
DAVID K. LUCAS AND ASSOCIATES