

CLIENT INFORMATION SHEET

Today's Date: ___/___/___

*The Michelson Law Office will not check or verify the information you provide.
Failure to provide all information will delay processing of your file.
Providing incorrect information may cause problems later.*

PLEASE PRINT CLEARLY

Fill out completely. All information required. Dollar figures can be approximate.
(Round to nearest dollar: \$312, not \$312.07)

CLIENT

Name: First _____ Full Middle _____ Last _____

All other names used in the last 8 years _____

Home Phone #: ___-___-___ Cell Phone #: ___-___-___ Date of Birth: ___/___/___

Email Address: _____ Social Security #: ___-___-___

Home Address: Street _____ City _____

State ___ Zip Code _____

Mailing Address (if different): _____

Please Choose One: Married Divorced Legally Separated Separated Widowed Relationship
Never Married

EMPLOYER

Name: _____ Phone #: ___-___-___

Address: Street _____ City _____

State ___ Zip Code _____

Job Title: _____ Years Employed There: ___ Hourly Rate or Salary _____

Hours/Week _____

Have you ever filed for bankruptcy? Yes No If yes, when? _____ Chapter 7 or Chapter 13 ___

SPOUSE/SIGNIFICANT OTHER *(Who you live with - Must be listed unless you are single or divorced or LEGALLY separated)*

Name: First _____ Full Middle _____ Last _____

All other names used in the last 8 years _____

Home Phone #: ___-___-___ Cell Phone #: ___-___-___ Date of Birth: ___/___/___

Email Address: _____ Social Security #: ___-___-___

Home Address: Street _____ City _____

State ___ Zip Code _____

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