LASRIS, WALSH & ASSOCIATES, P.C. Attorneys and Counselors at Law Confidential Background Information

GENERAL

Date:	, 20

Please Answer all Questions Completely

It is helpful to have the information below for your initial visit. Completing this form obligates you in no way to retain an attorney and you have our assurance that information you provide will be confidential and given to no one without your permission. If you feel uncomfortable about answering any question, please feel free to omit the answer. If you feel you have been provided an incorrect form, please let the receptionist know.

Your Full Legal Name:	□ Jr. □ Sr. □		
Marital Status (check one)			
Address:		_ City:	State: Zip:
Email address:		Cell phone:	
Work Phone:		Home Phone:	
Your Birth Date:	Place of Birth:		SS#
Employer's Name/Address			
Job Title/Description:			
			ord:
<u>If Applicable</u> :			
Spouse's Full Legal N	🗆 Jr. 🗆 Sr. 🗆		
Spouse's Birth Date:	Place of Birth	:	SS#
In your own words, please	tell us briefly how we c	an help you:	
How did you learn of this	Law Office?		
Have you used a lawyer be	efore (subject)?		
Who is the other party in	volved:		
Name		Phone	
Address		Zip	

A WORD ABOUT FEES. After consulting your attorney, if you find you do not need a lawyer or do not now wish to retain one, you will be charged a \$150 consultation fee which is payable upon the conclusion of your visit (unless you have prepaid); this information sheet and the attorney's notes will be retained for future use if you later decide to retain one of the Law Center's attorneys.