

For office use only:

EOC: _____

ATTY: _____

PAID: _____

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 (*circle one*): Single/ Married/ Separated/ Divorced/ Widowed

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: _____

If Military, Branch: _____ Rank/Rate: _____ Home of Record: _____

If Applicable:

Spouse's Full Legal Name: _____ Jr. Sr. _____

Spouse's Birth Date: ___/___/___ Place of Birth: _____ SS# ___/___/___

In your own words, please tell us briefly how we can help you: _____

How did you learn of this Law Office? _____

Have you used a lawyer before (subject)? _____

Who is the other party involved:

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.