

CONFIDENTIAL QUESTIONNAIRE

This confidential questionnaire is for background information
to help the attorney evaluate your case.

This is not an agreement to provide legal services of any kind.

ABOUT YOU	
Name	
Age	
Date of Birth	
Home Mailing Address	
City	
State	
Zip	
Home Street Address	
City	
State	
Zip	
Home Telephone	
Home Fax	
Work Telephone	
Work Fax	
Mobile Telephone	
Other Telephone	
E-mail Address	
Social Security Number	
WHAT HAPPENED?	
Please describe what happened that has caused you to seek the advice of an attorney. State <u>when</u> , <u>where</u> , <u>what</u> , <u>why</u> and <u>how</u> it happened.	

WHAT DO YOU WANT?	
What do you want the attorney to do for you?	