



# Wall & Wall

ATTORNEYS AT LAW

*A Professional Corporation*

Date: \_\_\_\_\_

*Brant H. Wall  
Gregory B. Wall, P.C.\*\*  
Steven B. Wall, P.C.  
Cory R. Wall, P.C.\*  
\*Also member California Bar  
\*\*Also member Massachusetts Bar*

## **Client Information Sheet**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Wall & Wall Attorney Name: \_\_\_\_\_ Date of 1<sup>st</sup> Visit: \_\_\_\_\_

How did you hear about our office?  Lawyer: \_\_\_\_\_  Yellow Pages

Newspaper  Client: \_\_\_\_\_  Sign/Building  Website

Reason for your visit today? \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Spouse Address: \_\_\_\_\_

Spouse Employer Name & Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternate Contact Name/Relation: \_\_\_\_\_

Alternate Contact Address/Phone: \_\_\_\_\_

Opposing Counsel: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Opposing Party: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Do you have a legal insurance plan?  yes  no

Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_