

THE SILVERNAIL LAW FIRM, LLC

CLIENT INFORMATION FORM

NAME _____

SOCIAL SECURITY NO. _____ DOB _____

MAILING ADDRESS _____

PHYSICAL ADDRESS _____

(Please list BOTH where you live & where you receive mail, if different)

TELEPHONE Home: _____ Cell: _____

EMAIL ADDRESS _____

SOCIAL MEDIA ACCOUNT(S) ADDRESS _____

NAME OF SPOUSE _____

(Do we have permission to discuss your case with your spouse (_____))

IF NO SPOUSE, NAME OF RELATIVE/FREIND AND THEIR ADDRESS AND TELEPHONE
NUMBER

(Do we have permission to discuss your case with your relative/friend listed above (_____))

PLACE OF EMPLOYMENT _____

EMPLOYMENT ADDRESS _____

EMPLOYMENT PHONE NUMBER _____

MAY WE CONTACT YOU AT WORK IF NECESSARY? [] YES [] NO

TYPE OF CASE _____

REFERRAL SOURCE _____

FOR BILLING PURPOSES:

I certify that the foregoing information is true and complete to the best of my knowledge. I authorize inquiries to be made with my employer, banks, creditors, landlord/mortgage companies and utility companies; and hereby authorize you to obtain a credit report to verify the statements above.

(Signature)

(Date)