



MARTEN LAW

P.A.

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CLIENT INFORMATION SHEET – GENERAL

Date: _____

1. Personal Information

Full Name: _____

Preferred Name/Nickname: _____

Aliases/Prior Names: _____

Birthdate: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Is this the address where you would like us to contact you? ____ Yes ____ No

If no, please provide a contact address: _____

City: _____ State: _____ Zip: _____

Contact Numbers: Home: _____

Work: _____

Cell: _____

Secure E-mail address: _____

Is it Ok to contact you regarding your case at the above e-mail address? ____ Yes ____ No

Does anyone else (Spouse, child, etc.) have access to this e-mail address? ____ Yes ____ No

Are you a resident of the State of Florida? ____ Yes ____ No If yes, how long? _____

Driver's License Number _____ Date of Issue: _____

Employer Name: _____

Job Title: _____ Length of Employment? _____

2. Opposing Party Information

Full Name: _____

Aliases/Prior Names: _____

Birthdate: _____ Social Security Number: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Contact Numbers: Home: _____

Work: _____

Cell: _____

E-mail address: _____

What is your relationship to the opposing party? _____

Is the opposing party a resident of the State of Florida? _____ Yes _____ No

If no, in which state is the opposing party a resident? _____

Has the opposing party retained an attorney in this matter? _____ Yes _____ No

If yes, attorney's name: _____

3. Service and Case Status

Have you been served any papers regarding this matter? _____ If yes, date served _____

Have you retained a previous attorney in this matter? _____ Yes _____ No

If yes, attorney's name(s): _____

Do you believe that this case can be settled amicably? _____ Yes _____ No

Please explain: _____

4. Detailed Account of acts & circumstances giving rise to seeking legal assistance:

5. Have you and the opposing party discussed any settlement terms in this matter? ___ Yes ___ No

Please explain: _____

6. Names, addresses and phone numbers of all persons who have personal knowledge and may be a witness for either party in this matter: _____

7. Priorities

What do you see as the issues to be resolved in this matter? How would you like to see them settled? Please rank these issues in order of importance to you: _____

8. How did you hear about our firm?

Referred by: _____
_____ Internet _____ Driving by _____ Newspaper _____ Other: _____

I understand that the attorney has agreed to meet with me for the purpose of an initial consultation and that the attorney has not undertaken representation of me in this matter and will not do so until I sign an Agreement for Legal Services with attorney and pay the required retainer.

Signature

Printed Name

Date

If you wish to pay for your consultation by credit card, please provide the following information:

Credit Card No./expiration date: _____

Type of Card (i.e. Mastercard, Visa, Discover, AmEx): _____

Address & Zip Code where you receive the bill for the credit card: _____