

DUNN & MILLER P.A.

NEW CLIENT INFORMATION SHEET

Today's Date: _____

Client:

1. Name: _____ Address: _____
Date of Birth: _____ Driver's License #: _____
Address (for office contact): _____
Your Work # _____ Your Home #: _____
Your Mobile # _____ Your e-mail: _____
Which of the above numbers can our office contact you at?: _____

2. Employer: _____ Employer's address: _____
Your position title: _____ Immediate supervisor: _____

Opposing Party:

3. Name: _____ Address: _____
Employer: _____ Position title: _____
Employer's address: _____
Current Attorney (if applicable): _____

Contracts:

4. Please identify any contracts. If there are no contracts, any emails, texts, letters, or other communications that may indicate the essence of what you are contesting.

Please provide a brief description of what you are contesting:

5. Any additional information I should know about.
