

CONFIDENTIAL CLIENT QUESTIONNAIRE

Please fill out this questionnaire and return it as soon as possible. It is important that you answer each question fully.

You should answer all questions relevant to your case. If a question does not apply to your particular situation, please indicate by marking the question "N/A". If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet: Refer to the question number to which your answer applies, and attach your answer to this questionnaire.

Your responses to these questions will help to organize your case and will save you money on attorney's fees in trying to gather and assemble information after the case is in progress. Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege.

1. Please fill in your *full* name, contact, birth, and other information

Your Name: _____

Business Name: _____

Entity Type: Corporation LLC Partnership Sole Proprietorship

Industry/Type of Business: _____

Address: _____

City: _____

County: _____ State: _____ Zip: _____

(If you wish to have your mail sent to a different address, please advise the attorney during your consultation)

Home phone: _____

Mobile Phone: _____

Fax: _____

Email Address: _____

Birth date: _____ State where born: _____

Social Security number: _____ Driver's license number: _____

2. How were referred to this office?

Houston Lawyer Referral Service AT&T Yellow Pages

