

**PROSPECTIVE CLIENT INFORMATION SHEET**  
This form does not create an attorney-client relationship

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

Age: \_\_\_\_\_ D/B: \_\_\_\_\_ SS No.: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_  
\_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

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

Driver's Lic. No.: \_\_\_\_\_

*Unless you provide accurate contact information, you will not hear from us. Proof of Identity is usually required before we will discuss your case with you. Proof of Identity is always required from new clients before we will accept representation.*

Spouse/Partner: \_\_\_\_\_  
Children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

How Long: \_\_\_\_\_ Position: \_\_\_\_\_  
Salary: \_\_\_\_\_ Last Day Worked: \_\_\_\_\_

Best Person to Find You: \_\_\_\_\_  
Their Contact Info: \_\_\_\_\_  
\_\_\_\_\_

Criminal History: Prior Convictions (Y/N): \_\_\_\_\_ Prior Arrests (Y/N): \_\_\_\_\_

**WHAT YOU WRITE ON THIS FORM IS NOT LAWYER-CLIENT PRIVILEGED.**  
**We are not your lawyer. Do not write anything you want kept secret.**

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**WHAT HAPPENED**

What Happened/Why Do Need A Lawyer:

**BAD GUYS/WHO IS THE PROBLEM**

Name /Address/Phone:

Is Insurance Involved: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Claim No. \_\_\_\_\_ Contact: \_\_\_\_\_

Are Police Involved: \_\_\_\_\_ Report No: \_\_\_\_\_

Department:
Officer:
Witness Statements:

**DOCUMENTS**

Documents You Have:

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Medical Providers:

Name	Address	Dates

Hospitals:

Name	Address	Dates

Witnesses:

Name	Address	Phone

Injuries:


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**GETTING YOUR FORM TO WEEMS LAW OFFICES**

FAX: 886-610-1430

email:rcweems@weemslawoffices.com (include subject: "interview request")

Mail: Weems Law Offices, 769 Center Blvd., PMB 38, Fairfax, CA 94930

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