

*You are hereby notified that if this is not a personal injury initial consultation, you will be billed for the time involved in your appointment.*

**CLIENT INFORMATION SHEET**

TODAY'S DATE: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_ SPOUSE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

WORK PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

ALTERNATE CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

\*\*I HEREBY AUTHORIZE HOEPER LAW OFFICES TO DISCUSS WITH AND DISCLOSE INFORMATION RELATING TO MY CASE TO MY ALTERNATE CONTACT PERSON. \_\_\_\_\_ (Sign If Authorizing)

YOUR EMPLOYER: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

EMPLOYER PHONE: \_\_\_\_\_ SHIFT WORKED: \_\_\_\_\_

PAID: WKLY: \_\_\_\_\_ LAST DATE PAID: \_\_\_\_\_  
BI-WKLY: \_\_\_\_\_  
MONTHLY: \_\_\_\_\_

TYPE OF LEGAL SERVICE REQUESTED: \_\_\_\_\_



ANY CHANGE IN THE INFORMATION ABOVE MUST BE REPORTED IMMEDIATELY TO OUR OFFICE AT (920)324-5050.

DID YOU LEARN OF OUR FIRM BY:  
NEWSPAPER AD \_\_\_\_\_ RADIO: WMRH \_\_\_\_\_ WRPN \_\_\_\_\_ WEBSITE \_\_\_\_\_  
PHONE BOOK \_\_\_\_\_ REFERRAL \_\_\_\_\_ WHO REFERRED YOU: \_\_\_\_\_