

**RAINEY & RAINEY, ATTORNEYS AT LAW L.P.
GENERAL CLIENT INFORMATION SHEET**

Today's Date _____

Full Name _____	
Full Address _____	
Cell Phone _____	Secondary Phone _____
E-mail _____	Date of Birth _____
Driver's License # _____	Social Security # _____
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Name of Spouse (if applicable) _____	
Employer _____	Position Held _____

ALTERNATE CONTACT PERSON

Full Name of Contact Person _____

Full Address _____

Cell Phone _____ Secondary Phone _____

Relationship to You: _____

HOW DID YOU LOCATE OUR OFFICES? (Please check each that applies and let us know who referred you to our firm. We like to thank those who recommend us.)

Previously used our services: _____

Referred by another client: _____

Referred by a professional: _____

General Reputation Website Internet Advertising

Yellow Pages Waco Today Other: _____



CHILDREN

Full Name _____

Complete Address _____

Phone _____ Date of Birth _____

Relationship: Natural Child Adopted Child Step Child

Full Name _____

Complete Address _____

Phone _____ Date of Birth _____

Relationship: Natural Child Adopted Child Step Child

Full Name _____

Complete Address _____

Phone _____ Date of Birth _____

Relationship: Natural Child Adopted Child Step Child

Full Name _____

Complete Address _____

Phone _____ Date of Birth _____

Relationship: Natural Child Adopted Child Step Child

WITNESSES AND OTHER INTERESTED PARTIES

Please list all persons who have knowledge of relevant facts regarding the reasons why you are seeking the advice and assistance of an attorney. Please list each and every individual, whether they are a direct or indirect witness, if they have knowledge of the circumstances or events about which you seek advice. Please include name, address and phone number.

