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ATTORN

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| Date: | | | | | | |
|----------------------|------|--------------|---------------------|--|--|--|
| | MISC | C. CASE QUES | STIONNAIRE | | | |
| Name: | | | _ | | | |
| AddreSs: | | | City: | | | |
| State: | | | Zip Code: | | | |
| Phone Number: | | | Work Phone Number: | | | |
| Date of Birth: | | | Social Security No. | | | |
| Marital Status: | | | Name of Spouse: | | | |
| Email Address: | | | | | | |
| Place of Employment: | | | | | | |
| Type of Case: | | | | | | |
| Opposing Party: | | | | | | |
| Lawsuit Filed: | □Yes | □No | If yes, what Court? | | | |

| How were you referred to our office: | | | | | | | | |
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| \square Google | □ Bing | □Facebook | \Box AVVO | ☐ FindLaw | \square Newspaper | □ Radio | | |
| ☐ Friend/Fa | | | | □ Lawyer: | | | | |
| □ Other: | | | | | | | | |
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| FOR ATTOR | NEY USE ON | NLY: | | | | | | |
| Fee: | | | | Hourly | ☐ Flat | | | |
| General: | | | | | | | | |
| Escrow: | | | | | | | | |
| Filing Fee: | | | | | | | | |
| County: | | | | | | | | |
| ATTORNEY I | NOTES: | | | | | | | |
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