

KAMIAR SAEEDIAN - CLIENT INFORMATION SHEET

Please answer the following questions as accurately as possible. This information is necessary to help us provide the best possible service to you. All of this information is **confidential**. Thank you.

Date: _____

Your Name: _____

Street Address: _____

City, State, Zip: _____

Date of Birth: _____

Home Phone No.: _____ Work No. : _____

Your email address: _____

Social Security No.: _____

Employer's Name: _____

Employer's Address: _____

How did you hear about the law office or who referred you?

Why do you think you need a lawyer?

Person responsible for payment of legal expenses? (include address)

This person's relationship to you? _____

Your spouse's Name: _____

Spouse's Employer: _____

Name of nearest relative not living with you: (please include address and phone number):

Briefly explain your expectation (What you want to happen):

