



LAW OFFICE OF KATHRINE M. ARMSTRONG P.C.
CLIENT INFORMATION SHEET

CLIENT INFORMATION

Full Name: _____

Address: _____

Home Phone: _____ Cell: _____

Work Phone: _____ Other: _____

At which number would you prefer to be contacted? _____

Birthdate: _____ Email: _____

Have you talked to or been represented by another attorney in this matter? _____

If yes, what was the name of the attorney(s)? _____

Please briefly describe the situation for which you seek representation:

IF YOUR VISIT IS TO SEEK REPRESENTATION FOR ANOTHER
PERSON, PLEASE FILL IN THE FOLLOWING INFORMATION

Relationship
to you: _____

Full Name: _____

Address: _____

Home Phone: _____ Cell: _____

Work Phone: _____ Other: _____

Birthdate: _____ Email: _____

HOW DID YOU LEARN ABOUT OUR FIRM?

Recommended by a friend or associate: _____

Referred by another attorney: _____

Advertisement: _____ Where: _____

Other: _____