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**ATTORNEY-CLIENT COMMUNICATION: THIS DOCUMENT AND
 ITS CONTENTS CONSTITUTE LEGALLY PRIVILEGED INFORMATION**

CLIENT INFORMATION FORM

**A \$100.00 initial consultation fee will be charged for this visit and payment is expected prior to
 visiting with the attorney.**

**This information is used as our source to contact you. Please make sure you include all necessary and current information
 needed so that we may contact you immediately should the need arise.**

DATE: _____

NEW CLIENT FORMER CLIENT/NEW MATTER

CLIENT'S NAME: _____

RESIDENCE ADDRESS: _____

CITY: _____ ZIP: _____

PHONE NUMBERS YOU PREFER WE USE TO REACH YOU:

- RESIDENCE PHONE: _____
- CELL NUMBER: _____
- BUSINESS PHONE: _____

DATE OF BIRTH: _____ AGE: _____

SOCIAL SECURITY NO.: _____ DRIVER'S LICENSE NO.: _____

MARITAL STATUS: Married Single Divorced Widow/Widower

SPOUSE'S NAME: _____

EMPLOYMENT: EMPLOYER'S NAME: _____

EMPLOYER ADDRESS: _____

CLIENT'S YEARLY INCOME: \$ _____ OTHER SOURCES OF INCOME: _____

TYPE OF CASE: _____

ADVERSE PARTY: NAME: _____

ADDRESS: _____

OPPOSING COUNSEL (ATTORNEY FOR ADVERSE PARTY): NAME: _____

ADDRESS: _____

PHONE NO.: _____ FACSMILE NO.: _____

REFERRED BY: _____ ADVERTISING: _____