



# BLADO KIGER, P.S.

Attorneys at Law

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## NEW CLIENT INFORMATION FORM

Today's Date: \_\_\_\_\_

CLIENT INFORMATION			
1. NAME(S)		2. DOB	3. SSN
4. MAILING ADDRESS		5. BILLING ADDRESS (if different)	
<i>Street</i>		<i>Street</i>	
<i>City State Zip</i>		<i>City State Zip</i>	
6. HOME PHONE	7. WORK PHONE	8. CELL PHONE	9. E-MAIL
MATTER			
<i>Please describe briefly the subject you wish to discuss.</i>			
PARTIES/COUNSEL			
<i>Please list the names of all adverse/opposing parties and all involved/interested parties and their counsel, if any.</i>			
10. ADVERSE/OPPOSING PARTY		11. ATTORNEY FOR ADVERSE PARTY	
Is the adverse party represented by an attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete section 11			
12. INVOLVED/INTERESTED PARTY		13. ATTORNEY FOR INVOLVED/INTERESTED PARTY	
Is the adverse party represented by an attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete section 13			

**LITIGATION**

*Is there a lawsuit pending? If so, please complete the following:*

COURT NAME	CAUSE/CASE NO.	HEARING DATE (if any)	HEARING TIME (if any)

Have you consulted another attorney regarding this matter?  Yes  No

If yes, who? \_\_\_\_\_

How did you learn of Blado Kiger, P.S.?

- Yellow Pages
- Dex Online
- Lawyers.com
- Martindale Hubbell
- Find Law
- Drove by
- Former client
- Friend Name: \_\_\_\_\_
- Referred by \_\_\_\_\_

***PLEASE NOTE!***

*We do charge for initial consultations at our normal hourly rate. However, unless otherwise indicated, if you hire our firm for legal services we will give you a free credit of one-half hour off of your first bill. Payment, if applicable, is expected at the end of the consultation. For your convenience, we accept cash, personal check, and VISA or MasterCard. Thank you for choosing our firm.*

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ATTORNEY'S NOTES:

**OFFICE USE ONLY**

Conflict Check Completed	Completed by (Initials)	Date
<input type="checkbox"/> Yes <input type="checkbox"/> No		