



Blado | Kiger | Bolan, 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</i>	<i>State</i>	<i>Zip</i>	<i>City</i>
			<i>State</i>
			<i>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	
<p>Is the adverse party represented by an attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete section 11</p>			
12. INVOLVED/INTERESTED PARTY		13. ATTORNEY FOR INVOLVED/INTERESTED PARTY	
<p>Is the involved/interested party represented by an attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete section 13</p>			

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 Bolan, P.S.?

- Yellow Pages
- Internet
- Drove by
- Former client
- Friend Name: _____
- Referred by _____

PLEASE NOTE!

Payment for your consultation, if applicable, is due before you meet with the attorney. For your convenience, we accept cash, personal check, VISA, MasterCard and Discover. Consultations that exceed the allotted time will be billed for the extra time at the attorney's normal hourly rate. Thank you for choosing our firm.

ATTORNEY'S NOTES:

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