GENERAL CLIENT INFORMATION PLEASE PRINT CLEARLY

SUSAN EGGERT, ATTORNEY AT LAW			N DAT	DATE:		
Case T	уре:	Bankruptcy	☐ Real Estate	Litigation		
		☐ Traffic Violation	Business	Name of Oppos	ing Party:	
		☐ Criminal	☐ Probate/Estate			
Full Name: First Mid			Middle (Full Middle Name)	Last		
Addres	ss:		City	State	Zip	
Home I	Phone:		•		r	
Date of Birth: Social Security #:						
Sex: M	□ F □	Single Married	☐ Divorced ☐ Widow	wed 🗌		
Employed By: Business Phone:						
Do You	ı Have Legal I	nsurance? Yes 🗌 No	☐ If So, What Company?			
Name o	of Member wit	h Insurance:				
Social Security Number of Member:				Case #:		
	PLEASE NO	OTE ANY ADDITIONA	L INFORMATION YOU THI	NK IS IMPORTANT	TO YOUR CASE	
How we	ere you referre					
	Yellow Pages					
	Friend: Other:					
_	<u> </u>					