

GARRIS, GARRIS, GARRIS & GARRIS, P.C.

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NEW CLIENT CONFIDENTIAL INFORMATION SHEET

YOUR FULL NAME: _____

HOME ADDRESS: _____ CITY/ZIP: _____

HOME PHONE: _____ BIRTH DATE: _____

CELL PHONE: _____ BIRTH PLACE: _____

EMAIL: _____ AGE: _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER: _____

EMPLOYMENT: _____ WORK TELEPHONE: _____

WORK ADDRESS: _____ WORK HOURS: _____

OCCUPATION: _____ BADGE: _____

OCCUPATION: _____ YEARS EMPLOYED THERE: _____

PART TIME EMPLOYER: _____ PART TIME PHONE: _____

HIGHEST LEVEL OF EDUCATION: _____

MILITARY SERVICE: _____ SERVICE NUMBER: _____

RELATIVE WHO WILL ALWAYS KNOW YOUR WHEREABOUTS:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ TELEPHONE: _____

SPOUSE: _____

SPOUSE'S EMPLOYER: _____ WORK PHONE: _____

CHILDREN: NAME: _____ AGE: _____

WHAT IS THE NATURE OF YOUR PROBLEM?

WHAT DO YOU EXPECT THE ATTORNEY TO ACCOMPLISH?

HAVE YOU VISITED OUR WEBSITE AT GARRISLAW.COM?