

A-DAVIS FIRM, P.C.

Before you begin: We request that you provide complete information to assist us in serving you. Be assured that the information you provide us will remain confidential and will be subject to laws relating to attorney-client communications and privileges. Thank you

Date _____

Client Name : _____

EIN# _____

Address _____
 Address City State Zip County

Home Phone _____ Work _____

Mobile _____ Email Address: _____

Contact Person _____

Alternate Contact Person _____ -

Phone _____

Alternate Contact Person's Email Address

Briefly Tell Us about your case:

What would you like us to do for you

How did you hear about us _____