

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  
\_\_\_\_\_

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Briefly Tell Us about your case:

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you like us to do for you

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about us \_\_\_\_\_