



**HARRISON LAW FIRM  
NEW CLIENT INFORMATION SHEET**

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Which phone number would you prefer for us to use: \_\_\_\_\_

Email: \_\_\_\_\_ Is this a work email address? \_\_\_\_\_

Would you prefer to receive correspondence from our office by U.S. Mail or email?

Please check one: \_\_\_\_\_ U. S. Mail \_\_\_\_\_ Email

Date of birth \_\_\_\_\_ Social Security Number: XXX-XX- \_\_\_\_\_

Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

If married, name of spouse: \_\_\_\_\_

Employer: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

How did you hear about the Harrison Law Firm? \_\_\_\_\_

If referral, by whom: \_\_\_\_\_

What type of matter do you need help with today?

Civil \_\_\_\_\_ Collections \_\_\_\_\_ Corporations \_\_\_\_\_ Criminal \_\_\_\_\_ Divorce \_\_\_\_\_

Custody/Child Support \_\_\_\_\_ Succession \_\_\_\_\_ Personal injury \_\_\_\_\_ Will \_\_\_\_\_ Other \_\_\_\_\_

Have you previously consulted or retained another attorney regarding this matter:

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, who? \_\_\_\_\_

I understand that except for accident/personal injury cases, the charge for initial half hour consultation is \$50, which is payable prior to seeing the attorney. Time after one-half hour will be billed at \$200/ hour I also understand that the Harrison Law Firm will not provide other legal services on my behalf unless I decide to retain them and a separate fee agreement is executed.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_