

# BENNETT LAW FIRM

Mike S. Bennett, Sr.  
Michael S. Bennett, Jr.  
Jim T. Bennett  
Richard A. Wilkes

1108 North Patterson St.  
Valdosta, Georgia 31601  
(229) 242-6726  
law@bennettlawfirmllp.com

## **PROSPECTIVE CLIENT INFORMATION FORM** *(This information will be confidential and for use in this Law Office Only)*

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ ATTORNEY: \_\_\_\_\_

NAME (Last, First, M.I., & Maiden): \_\_\_\_\_

STREET ADDRESS (Include City, State & Zip Code): \_\_\_\_\_

*This address is where our office will send correspondence to you. We want to ensure your privacy should this matter be of a strictly confidential nature.*

HOME PHONE # \_\_\_\_\_ WORK # \_\_\_\_\_ CELL # \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ SOCIAL SEC. NO. \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ EMPLOYMENT: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

NAME/ADDRESS OF NEAREST RELATIVE: \_\_\_\_\_

MARITAL STATUS (If currently married, complete the next section): \_\_\_\_\_

### INFORMATION CONCERNING YOUR SPOUSE:

NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_ EMPLOYMENT: \_\_\_\_\_

### COMPLETE THE FOLLOWING SECTION ONLY IF TODAY'S APPOINTMENT CONCERNS A POSSIBLE DIVORCE, CUSTODY, OR CHILD SUPPORT CASE OR PREPARATION OF A LAST WILL & TESTAMENT:

DATE OF MARRIAGE: \_\_\_\_\_ COUNTY/STATE OF MARRIAGE: \_\_\_\_\_

NUMBER OF MARRIAGES: \_\_\_\_\_ (Wife) \_\_\_\_\_ (Husband)

FULL NAMES AND BIRTH DATES OF CHILDREN OF THIS MARRIAGE:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

FULL NAMES AND BIRTH DATES OF CHILDREN OF FORMER MARRIAGES/RELATIONSHIPS:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

*I affirm that the information provided above is accurate to the best of my knowledge. I acknowledge that my initial consultation with an attorney from this Firm does not establish an attorney/client relationship and such a relationship does not begin unless there is an employment contract signed or a retainer is paid.*

\_\_\_\_\_  
Prospective Client

\_\_\_\_\_  
Date

### **THIS SECTION TO BE COMPLETED BY THE ATTORNEY**

Attorney Handling Case: \_\_\_\_\_ Quoted Retainer/Fee: \_\_\_\_\_

Hourly Rate: \_\_\_\_\_ Type of Case: \_\_\_\_\_

Opposing Attorney: \_\_\_\_\_ File No./Dated Opened: \_\_\_\_\_

Statute of Limitations Date (Tort and Workers' Compensation Cases): \_\_\_\_\_