

GRAY, GORENFLO & PARTLOW, P.A.
ATTORNEY AND COUNSELOR AT LAW

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Facsimile: (407) 324-0053

CLIENT INFORMATION SHEET

Today's Date: _____

Referred By: _____ Attorney: _____
_____ Friend/Co-Worker: _____
_____ Have you previously been represented by an attorney in this firm: _____
_____ Yellow Pages: (Circle One: Sanford or Deltona)
_____ Other: _____
_____ **Have you visited our web page?**

If you are here regarding a matter that is already in progress, please provide the following information:

What type of matter do you need assistance with? _____

Have you been served with any papers? _____ When? _____

Are any matters scheduled for hearing? _____ When? _____

What is issue to be heard? _____

Name of current attorney, if any: _____

Please provide the following information about yourself:

Full Name: _____

Mailing Address: _____

City: _____, State: _____; Zip Code: _____

Date of Birth: _____ Social Security No.: _____

Home Phone No. _____ Work No.: _____

Cell No.: _____ Pager No.: _____

Email Address: _____

(If you do not want to receive mail at this address, please indicate to what address your mail should be delivered to: _____)

Occupation: _____ Gross Income from Employment: _____

Employer: _____ How Long: _____

Please provide the following information about the opposing party:

Full Name: _____

Address: _____

Occupation: _____ Gross Income From Employment: \$ _____

Employer: _____ How Long: _____

Name of opposing party's current attorney: _____

If applicable, please provide the following information about any real estate that you or your spouse own:

Address of Principal Residence: _____

Balance Owed: \$ _____ Current Value of Property: \$ _____

In whose name is property titled? _____

Who is living there now? _____

Do you and/or your spouse own any other real estate? _____

If applicable, please provide the following information about any interest in a business, partnership, sole proprietorship, or corporation:

Name of Company: _____

Type of Business: _____

Purchase/Start-Up Date: _____ Percentage of Interest: _____

YOU MUST UNDERSTAND THAT YOUR VISIT HERE IS FOR CONSULTATION ONLY. THE ATTORNEY DOES CHARGE A CONSULTATION FEE OF \$300.00 TO BE PAID IN ADVANCE IN THE FORM OF CASH OR CHECK ONLY. THE ATTORNEY DOES NOT REPRESENT YOU AND WILL NOT REPRESENT YOU UNTIL A WRITTEN AUTHORIZATION OF REPRESENTATION AND ATTORNEY'S FEE AGREEMENT ARE SIGNED BY YOU AND THE RETAINER FEE IS PAID.

I HAVE READ THE FOREGOING AND COMPLETED ALL INFORMATION REQUESTED TO THE BEST OF MY ABILITY.

DATE

YOUR SIGNATURE

Retainer Amount: _____
Consult Fee Paid _____