GUILLORY HARGRAVE & LACOMBE, LLC CLIENT INFO SHEET GENERAL CIVIL

CLIENT NAME:_							Date:		
	First	Mide	dle M	Iaiden	Last				
Date of Birth:			Age:		City/State where born		rn:		
Social Security No.									
Address:									
	Street		City		Parish		State	Zip	
Phone: ()	Alternate Phone: ()								
E-Mail Address:									
Employer:									
Employer Address:									
		Street		City			State	Zip	
Marital Status:	☐ Si	ingle	Married Married	Divo	rced] Separate	ed .		
	DS7 N1 A N #T	a							
OPPOSING PART	I Y NAWII	L: First	Middle	Maid	en	Last			
Address:					D ' 1		<u> </u>		
Phone: ()	Street		City Alt		Parish e: ()		State		
E-Mail Address:									
Date of Birth:			Age:	(City/State	where bo	rn:		
Social Security No.			•						
Brief Statement of t	he Issues:								
Who referred you to	our offic	e?							
This is a consultation	on only. A	consultation	on fee of \$30	00.00 is due	and payab	ole at the	time of c	onsultation	
The retainer fee for	representa	ation is dete	rmined base	d on the fact	s presente	d to the a	ttorney at	the time of	
the initial consultati	-				•		•		
*I UNDERSTAND	THAT TI	HIS IS AN	INITIAL CO	NSULTATI	ON ONL	Y.			
SIGNATURE					\mathbf{D}_{I}	ATE			