

Client Information Sheet

The following information is needed in order to provide you with a **free consultation**. Please respond to the questions truthfully and to the best of your knowledge. Thank you for choosing Khoshnood Law Firm, PC.

Name: _____
Last *First* *Middle*

Have you used any other names (i.e. maiden name) Yes No If yes, list all names used: _____

Phone Number: (Home) _____ (Work) _____ (Cel) _____

Email address: _____ May we send info to your email address? Yes No

Social Security Number: ____ - ____ - _____

Physical Residence Address: _____

City *State* *Zip* *County*

Mailing Address (if different from above) _____

City *State* *Zip*

Are you currently employed? Yes No

Name of Employer: _____ County of Employment _____

Employer Payroll address: _____

How did you hear about us?

- I received a letter. (office use only: LS G F Ref Pse Single 1st bunch last)
- I found you on the Internet. Google Bing Yahoo Other (specify) _____
- I was referred to you by _____.
- I received a postcard.

What is your favorite radio station? _____

What radio shows do you listen to regularly? (i.e. The Bert Show, Fresh Air, Frank and Wanda) _____

What made you choose this Law Firm for your consultation (check all that applies)?

- You are the only people I called.
- You were close to my home.
- You were close to my job.
- Other firms were rude over the phone?
- I found the phone consultation helpful. (I spoke with _____)
- I liked your letter.
- I found online reviews helpful.
- Other (please specify _____)

Have you ever filed for bankruptcy? Yes No _____

Do you have any mortgages? Yes No _____

CREDITOR MATRIX

Name of Creditor and Address: _____ _____ _____ _____ Acct#: _____	<u>Circle the type of debt:</u> Car Note Mortgage Credit Card Medical Bill Back taxes Student Loans Other	Amount owed: For office use only D__E__F__ 506: ____ Co: ____
Name of Creditor and Address: _____ _____ _____ _____ Acct#: _____	<u>Circle the type of debt:</u> Car Note Mortgage Credit Card Medical Bill Back taxes Student Loans Other	Amount owed: For office use only D__E__F__ 506: ____ Co: ____
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