

# LAW OFFICE OF JON M. FRITZLER

ATTORNEY AT LAW

PO BOX 61451, VANCOUVER, WASHINGTON 98666 | T 360.818.4431 | FRITZLERLAW@OUTLOOK.COM

## FIRST MEETING INFORMATION SHEET      DATE: \_\_\_ / \_\_\_ / \_\_\_\_

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_ / \_\_\_ / \_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
CITY STATE ZIP COUNTY

TELEPHONE: (HOME) \_\_\_\_\_ (WORK/CELL) \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

SPOUSE/PARTNER: \_\_\_\_\_ BIRTH DATE: \_\_\_ / \_\_\_ / \_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

TELEPHONE: (HOME/WORK/CELL) \_\_\_\_\_

---

HOW DID YOU LEARN ABOUT THIS LAW OFFICE? \_\_\_\_\_

YOUR REASON FOR SEEKING LEGAL ADVICE: \_\_\_\_\_

**IF YOU ARE SEEKING ADVICE FOR SOMEONE OTHER THAN YOURSELF, PLEASE GIVE THAT PERSON'S NAME AND YOUR CONNECTION (E.G. "SON", "NIECE" OR "POWER OF ATTORNEY"):**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME(S) OF OTHER PERSON(S) ATTENDING THIS MEETING WITH YOUR CONSENT:

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

PERSON TO BE BILLED, IF SOMEONE OTHER THAN YOU:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
CITY STATE ZIP COUNTY

EMERGENCY CONTACT INFORMATION:

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**PLEASE BRING THIS SHEET TO THE FIRST MEETING AND GIVE IT TO THE LAWYER.**