

The Foust Firm, PLLC
Jeffrey B. Foust
817-912-0722

CLIENT INFORMATION FORM

INSTRUCTIONS: The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf, or unless otherwise required by law.

Date: _____

CLIENT INFORMATION

Your Name: _____

Home Address: _____

City: _____ State: _____ Zip

Code: _____

County of Residence: _____ You have lived at current address since: _____

Home Phone: _____ Home Facsimile No: _____

Cell Phone No: _____

E-mail Address: _____

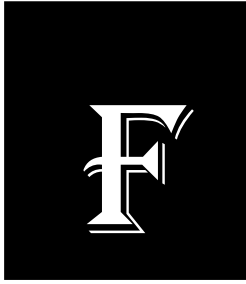
MAY WE CORRESPOND WITH YOU BY EMAIL? YES ___ NO ___

Consultation fee: _____

- Prepaid by Visa/Mastercard ending in _____.
- Paid by Visa/Mastercard ending in _____.
- Check ending in _____.
- Cash _____.
- No consultation fee as agreed in advance.

I understand that the payment of this consultation fee does not create an attorney client relationship. Should you chose to retain the Foust Firm a separate fee agreement will be entered into at the time that you retain the law firm.

Please initial _____.



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Last four digits of Soc. Sec. No: _____ Last four digits of Driver's License
No: _____

Date of Birth: _____ State/Country of Birth: _____

Other names you have been known by: _____

EMPLOYER: _____

Work Address: _____

City: _____ State: _____ Zip

Code: _____

Work Phone: _____ Work Facsimile No: _____

Work E-mail Address: _____

How long have you worked at this employer? _____

Position: _____ Salary/Earnings: \$ _____

Name of Emergency Contact, and Relation to You: _____

Home Address: _____

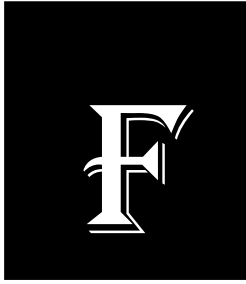
City: _____ State: _____ Zip

Code: _____

Home Phone: _____ Work Phone: _____

Nature of case / reason for seeking consultation with our office: _____

How did you hear about our office? _____



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OTHER PARTY INFORMATION (spouse / business partner / or opposing party)

Name: _____
Home Address: _____
City: _____ State: _____ Zip
Code: _____
County of Residence: _____ Other party has lived at this address
since: _____

Home Phone: _____ Home Facsimile No: _____
Cell Phone No: _____ Pager/Beeper No: _____
E-mail Address: _____

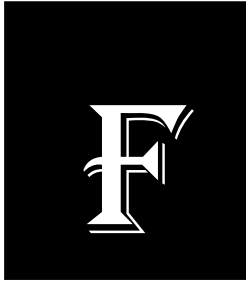
Soc. Sec. No.: _____ Driver's License No: _____
Date of Birth: _____ State/Country of Birth: _____

Other names this person has been known by: _____

EMPLOYER: _____
Work Address: _____
City: _____ State: _____ Zip
Code: _____
Work Phone: _____ Work Facsimile No: _____
Work E-mail Address: _____

How long has other party worked at this employer? _____
Position: _____ Salary/Earnings: \$ _____

Is other party represented by an ATTORNEY in this matter? _____ Yes _____ No



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If YES, please answer the questions below:

Name of Attorney/Firm: _____

City where office located: _____ Phone: _____

Indicate if this or any other attorney has:

Represented other party in other matters (besides this case)? Yes _____ No _____

Provided advice or other services to you regarding this case? Yes _____ No _____

Provided advice or other services to you regarding other matters? Yes _____ No _____

Talked with you in person or by telephone regarding this case? Yes _____ No _____

Sent a letter or other written communications to you related to this case? Yes _____ No _____

Served papers (by a sheriff or process server) upon you in this case? Yes _____ No _____

COMMUNICATION

Would like to receive our monthly email newsletter with articles and relevant legal information and resources? yes No.

Alternate phone number _____ .

DOCUMENTATION

- Copy of driver's license.
- Copy of client documents.

