CLIENT INFORMATION SHEET
Personal Information

Client's Name:_____ Date:_____

Address:_____
(Street) (City) (Zip)

Telephone: (Home):_____ (Work): _____ (Cell): _____

Social Security Number: _____ Driver's License Number: _____

Date of Birth: _____

ABOUT YOUR FAMILY

Are you married: Yes_____ No_____

Full Legal Name of Spouse:_____

Do you have children? Yes_____ No_____ Names and ages of Children:_____

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LEGAL MATTERS

Please describe the nature of the real estate issue:

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