

**The Law Office of Brian P. Simpson
Client Information Sheet**

Name: _____ DOB: _____

Spouse: _____ DOB: _____

Address: _____

Phone Numbers:

Home: _____

Work: _____ Fax: _____

Cell: _____

E-mail: _____

Check box if you prefer invoices to be e-mailed to you

Who Referred you to us: _____

In case of emergency contact: _____

Office Use Only

Account No: _____

TOC _____

SOL _____

Billing: Flat Rate \$ _____ Hourly \$ _____ Contingent _____%

Notes:

All Information on this page is confidential.