

CLARK & MARTINO, P.A.  
NEW CLIENT INFORMATION SHEET

Date: \_\_\_\_\_

WHO ARE YOU SEEING TODAY? (Please check)

James Clark \_\_\_\_\_ Anthony T. Martino \_\_\_\_\_ Dan Clark \_\_\_\_\_  
Marc Semago \_\_\_\_\_ Anthony D. Martino \_\_\_\_\_

How did you hear about our firm?

Referral from : \_\_\_\_\_ (friend, attorney, client name, internet)

If yellow pages, which yellow pages – Verizon or YellowBook

Legal Matter to discuss: \_\_\_\_\_

Your information:

Your Full Name \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Home Phone: \_\_\_\_\_

City/ State/ Zip

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax (If Any): \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Client name & address (If different from above) \_\_\_\_\_

Names and dates of birth of dependent children (If any): \_\_\_\_\_

Employed by: \_\_\_\_\_ Your Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Best Time to Contact You: \_\_\_\_\_

Can We Call you at Work: \_\_\_\_\_

Spouse Information (If Applicable)

Name of Spouse: _____	
Employed By: _____	Title: _____
Business Address: _____	
Business Phone: _____	Cell Phone: _____
Supervisor's Name: _____	

Client Contact Information if Different:

Client Name: _____	
Home Address: _____	
_____	Home Phone: _____
City/ State/ Zip _____	
Cell Phone: _____	Work Phone: _____
Fax (If Any): _____	E-mail Address: _____
Date of Birth: _____	Social Security Number: _____
Names and dates of birth of dependent children (If any): _____	
_____	

Contact Person (Not Living with You)

Name: _____	
Address: _____	
Telephone Number: _____	Cell Phone Number: _____
What is your relationship to this person: _____	

Current identification is required to be seen at this office. We accept a current passport, driver's license or other photo identification. If you are a client with an injury case, please also provide your group health insurance card, your Medicare/Medicaid card (if applicable) and auto insurance card for copying. Thank you

Case Information:

Date of Event: _____	Time of Event: _____
Location: _____	
Injuries: _____	
_____	
_____	
Previous Medical History: _____	
_____	
_____	
Case Facts: _____	
_____	
_____	
Witnesses: (Name & Contact Information):	
_____	
_____	
_____	

Attorney Notes:

Contract Date: _____
SOL: _____
Additional Notes: _____
_____
_____
_____
_____