

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

Date: _____

WHO ARE YOU SEEING TODAY? (Please check)

James Clark _____ Anthony T. Martino _____ Dan Clark _____
Anthony D. Martino _____ Matthew A. Crist _____ Adam J. Fernandez _____

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: _____

