

THE LAW FIRM OF MICHAEL M. SHIPPER, P.C.

NEW CLIENT CONTACT INFORMATION

CLIENT NAME: _____

CONTACT PERSON (IF BUSINESS): _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE): _____

BUSINESS PHONE NO.: _____

CELL PHONE NO.: _____

HOME PHONE NO.: _____

E-MAIL: _____

DOB: _____ SSN: _____ DL#/STATE: _____

EMPLOYER NAME/ADDRESS/PH#: _____

ADVERSE PARTY: _____

REFERRED BY: _____

NATURE OF CASE/LEGAL REPRESENTATION NEEDS: _____
