



NEW CLIENT QUESTIONNAIRE

Date _____

Referred By: _____

Client 1 Name: _____

Address: _____

Phone: (____)____ - _____ (Type: _____)

Phone: (____)____ - _____ (Type: _____)

Email: _____

Occupation: _____

Client 2 Name: _____

Address: _____

Phone: (____)____ - _____ (Type: _____)

Phone: (____)____ - _____ (Type: _____)

Email: _____

Occupation: _____

Description of Legal Matter:

Insurance: Do you have ARAG legal insurance? Yes No If so, is your spouse/partner included in your coverage? Yes No Do Not Know