



Attorney's **Certified** SERVICES

NEW CLIENT INFORMATION FORM

PRIMARY OFFICE INFORMATION:

Law Office/Company:

Attorney Name: Bar #:

Federal ID#:

Address1:

Address2:

City: State: Zip:

Telephone: () Fax: ()

PRIMARY OFFICE CONTACT:

First & Last Name:

Title:

E-Mail:

Direct Phone No.:

BILLING ADDRESS (If different than above):

Firm Name:

Contact:

Same as office above

Address1:

Address2:

City: State: Zip:

Telephone: () Fax: ()

E-Mail:

When completed, fax this form to Chad Barger @ (661) 327-8179