



CONFIDENTIAL CLIENT INFORMATION SHEET

324 W. Jackson Street – Muncie, IN 47305 - Phone (765) 288-8950 – Fax (765) 289-5803

Date: _____

Name: _____
First Middle Initial Last

Address: _____
Street City State Zip

Social Security No.: _____ Date of Birth: _____

Spouse: _____
First Middle Initial Last

Spouse SSN: _____ Spouse DOB: _____

Phone Numbers (Please include area code)

Home: (____) _____ Cell: (____) _____

Work: (____) _____ Ext. _____ Fax: (____) _____

E-mail: _____ MS Word WordPerfect

Your Employer: _____

Your Position: _____ Direct Supervisor (if applicable) _____

Employer Address: _____
Street City State Zip

Nature of Your Legal Matter

- Estate Planning
- Business/Corporate
- Civil Litigation
- Criminal Litigation
- Real Estate
- Employment
- Family
- Other: _____

Please Indicate your Attorney

- Jennifer J. Abrell
- Robert C. Beasley
- Samuel J. Beasley
- Ralph E. Dennis
- Michael F. Foley
- David J. Karnes
- Tara M. Smalstig

The reason you selected our firm? (Please mark all that apply)

- Existing Client of _____
- Referred by: _____
- Yellow Page Ad
- Personal Contact with _____
- Other: _____

Thank You!