



**Nnaka & Associates,
Chartered.**

A FULL SERVICE LAW FIRM



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CLIENT INFORMATION FORM

INSTRUCTIONS: Answer all questions truthfully and completely. The information you enter in this questionnaire is confidential and protected by attorney-client privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf, or unless otherwise required by law.

Date: _____

CLIENT INFORMATION

Your Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Home Facsimile No: _____

Cell Phone No: _____ Pager/Beeper No: _____

E-mail Address: _____

Soc. Sec. No: _____ Date of Birth: _____

Driver's License No.: _____ State of Issuance: _____

Other names by which you have been known: _____

EMPLOYER: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Work Facsimile No: _____

Work E-mail Address: _____

Nature of matter / reason for seeking consultation with our office: _____

Your position/status with entity (for example, President, shareholder, member, etc.): _____

How did you hear about our office: _____

CPA or TAX ADVISOR

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Facsimile No: _____

E-mail Address: _____

OTHER BUSINESS PARTICIPANTS

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Facsimile No: _____

E-mail Address: _____

Relation of this person to you: _____

Is this person represented by an ATTORNEY in this matter? ☐ Yes ☐ No

If YES, please answer the questions below:

Name of Attorney/Firm: _____

City where office located: _____ Phone: _____

Indicate if this attorney has:

Ever provided advice or other services to you? ☐ Yes ☐ No

Talked with you in person or by telephone? ☐ Yes ☐ No

Sent a letter or other written communication to you? ☐ Yes ☐ No

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Facsimile No: _____

E-mail Address: _____

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