

Office Use:
Paid: \$ _____
Date: _____
Method: _____

LESLIE A. ERWIN, PC

70 Macon Street McDonough,
Georgia 30253
(678) 782-5808

PERSONAL INFORMATION:

Date you completed this form: _____

Name: _____

Nickname or Other Name: _____

Date of Birth: _____

Social Security Number: ____-____-____

Home Address: _____

City: _____

State: _____ Zip: _____

County of Home Address: _____

Lived at Address Since: _____

Mailing Address (if different from Home): _____

Contact Information:

Email Address: _____

Work Phone: _____

Home Phone: _____

Fax Number: _____

Cell Phone: _____

Please list below any directions or restrictions in contacting you:

WOULD YOU LIKE YOUR BILLING STATEMENTS AND OTHER CORRESPONDENCE REGARDING YOUR CASE EMAILED TO YOU? ____ YES ____ NO (Check one)

INFORMATION ABOUT YOUR EMPLOYMENT: Are you employed? ____ YES ____ NO

Name and Address of Employer: _____

Job Title: _____ Employed Since: _____ Salary: _____

OTHER: Have you previously consulted an attorney regarding this matter? ___ YES ___ NO

Name and address of attorney: _____

Have you signed anything which may affect this case, including release, statement, settlement agreement documents, presented by anyone else? ___ YES ___ NO

If so, please describe the document: _____

Check all that apply.

REASON FOR CONSULTATION:

___ Probate ___ Domestic ___ Estate ___ Contract
___ Other

Explain: _____

HAVE YOU BEEN SERVED NOTICE OF A PENDING LAWSUIT? YES NO

DATE YOU WERE SERVED? _____

HOW DID YOU HEAR ABOUT US? (Please check all that apply)

___ REFERRAL/NAME _____

___ PREVIOUS REPRESENTATION:

___ INTERNET SEARCH/WEB SITE

___ OTHER/PLEASE DESCRIBE _____

_____(Initial) **PLEASE NOTE:** NO DUTIES ARE INTENDED OR CREATED BY THIS CONSULTATION. You are under no obligation to retain this firm to represent you. If you have not executed a fee contract or an engagement letter, this firm does NOT represent you as your attorney.