



Client Questionnaire

PLEASE PHOTOCOPY YOUR DRIVER'S LICENSE AND/OR PHOTOGRAPH ID.

Full Legal Name: _____

Date of Birth: _____

Social Security Number: _____

Marital Status? Single Married Divorce Separated

If married, Spouse's Legal Name: _____

Physical Address: _____

Mailing Address: _____

Phone No.: _____ Alt No.: _____

Email Address (Recommended) _____

Emergency Contact: _____ Relationship: _____

Phone No.: _____ Alt No.: _____

Brief description of legal matter: _____

Name of any authorized person, if any, that Feldman, Fox & Morgado, P.A. may discuss your case with: _____

Name of current or previous attorney related to this matter: _____