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CLIENT INFORMATION SHEET

TODAY'S DATE: _____

INFORMATION ABOUT YOU:

FULL NAME: _____

ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH: __/__/__ PLACE OF BIRTH: _____

TELEPHONE NOS.: (HOME) _____ (FAX) _____

(BUSINESS) _____ (CELL) _____

EMAIL ADDRESS: _____ SS# ____ - ____ - ____

INFORMATION ABOUT YOUR SPOUSE:

FULL NAME: _____

ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH: __/__/__ PLACE OF BIRTH: _____

TELEPHONE NOS.: (HOME) _____ (FAX) _____

(BUSINESS) _____ (CELL) _____

EMAIL ADDRESS: _____ SS# ____ - ____ - ____

INFORMATION ABOUT YOUR WORK:

PLACE OF EMPLOYMENT: _____

JOB TITLE: _____

HOW LONG EMPLOYED THERE: _____ TELEPHONE NO.: _____

ADDRESS OF EMPLOYER: _____

RETIRED: Y N YEAR OF RETIREMENT: _____

(Circle One)

INFORMATION ABOUT YOUR SPOUSE'S WORK:

PLACE OF EMPLOYMENT: _____

JOB TITLE: _____

HOW LONG EMPLOYED THERE: _____ TELEPHONE NO.: _____

ADDRESS OF EMPLOYER: _____

RETIRED: Y N YEAR OF RETIREMENT: _____

(Circle One)