

**SEHR LAW FIRM,
A PROFESSIONAL CORPORATION
CLIENT QUESTIONNAIRE**

DATE: _____

Mr. Mrs. Ms. FULL NAME: _____

NICKNAME: _____ SSN: _____ - _____ - _____

CELL PHONE: _____ EMAIL: _____

Mr. Mrs. Ms. FULL NAME: _____

NICKNAME: _____ SSN: _____ - _____ - _____

RELATIONSHIP: _____

CELL PHONE: _____ EMAIL: _____

HOME ADDRESS: _____

_____ HOME PHONE: _____

CITY: _____ ZIP: _____ HOME FAX: _____

EMPLOYER NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____ OFFICE PHONE: _____

EMAIL: _____ OFFICE FAX: _____

NAME OF BUSINESS/ENTITY YOU OWN: _____

TYPE OF ENTITY: _____ STATE OF INFORMATION: _____

ADDRESS: _____

CITY : _____ ZIP: _____

NATURE OF LEGAL MATTER: _____

REFERRED BY: _____

ADDITIONAL INFO: _____
