

DATE: _____

Name _____ DOB: _____ Sex: M ___ F ___
Last Name First Middle Maiden

Place of birth _____
City County State Country

Social Security Number: _____ Drivers License Number: _____ State _____

Address: _____ Apt. # _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

E-Mail Address: _____ Cell Phone: (____) _____

I authorize emails concerning my case. I authorize emails of general interest from GP Schoemakers, PLLC
 I authorize a follow up call regarding my consultation. If yes, please list a contact number. (____) _____

Place of Employment: _____ Job Title: _____

Address of Employment: _____ City _____ St _____ Zip _____ Annual Salary _____

Spouse's Name: _____ (Maiden name) _____ DOB: _____

Address(if different from yours): _____ City: _____ State: _____ ZIP: _____

Employer: _____ Work Phone: _____

<p>PERSON FINANCIALLY RESPONSIBLE: Name _____ DOB: _____</p> <p>Address: _____ City: _____ State: _____ Zip: _____ Phone: _____</p> <p>Social Security Number: _____ Drivers License Number: _____ State _____</p> <p>EMERGENCY CONTACT INFORMATION: Name _____</p> <p>Address: _____ City: _____ State: _____ Zip: _____</p> <p>Home Phone: (____) _____ Work Phone: (____) _____</p>
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What legal action(s) were you involved in previously, if any? _____

Have you or family member been involved in any type of accident in the last two years? Yes _____ No _____
Have you or a family member ever suffered any serious injuries after taking a prescription or non-prescription drug? Yes _____ No _____
Do you currently have a will? Yes _____ No _____
Have you been denied Social Security benefits? Yes _____ No _____
Have you been denied Veterans benefits? Yes _____ No _____
Do you have need of legal assistance for any immigration matter? Yes _____ No _____

Purpose of visit today: _____

<p>HOW WERE YOU REFERRED TO US? (Circle one) Office Sign I'm a Previous Client Bar Association GPS Letter TV Ad Radio Billboard Website WebChat Magazine Phonebook: name of book _____ Friend: Name of Friend _____ Other: _____ Law Firm Employee: Name _____ An Attorney: Name of attorney _____</p>
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FOR OFFICE USE ONLY: _____

INTERVIEWING ATTY _____
FEE QUOTED _____ COST QUOTED _____
DOWN PAYMENT QUOTED _____
CONFLICT CHECK PNC _____ CP _____ BXL INI _____
CONFLICT CHECK OP _____ CP _____ BXL INI _____
PNC CONTACT ENTERED IN CP _____ INI _____
OP CONTACT ENTERED IN CP _____ INI _____
REVISED 2-17-11

NAME CHANGE INFORMATION SHEET

CURRENT FULL NAME: _____

CHANGE TO: _____

ADDRESS: _____

RACE: _____ DL# _____ SS# _____

SEX: _____ DOB: _____

BIOLOGICAL PARENT'S NAME (including mother's maiden name):

FATHER: _____

MOTHER: _____

CHILD NAME CHANGE: _____ IF SO, CHANGE TO : _____

MOTHER'S ADDRESS: _____

FATHER'S ADDRESS: _____

REASON FOR NAME CHANGE: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES / NO

IF "YES", FBI OR SID#: _____

HAVE YOU EVER BEEN CHARGED WITH AN OFFENSE ABOVE A CLASS "C"
MISDEMEANOR? YES / NO

IF "YES", CASE#: _____ COURT: _____

PRIVACY POLICY REGARDING SOCIAL SECURITY NUMBERS

Social Security information will only be used in the event you hire the firm to represent you in your legal matter, and then only when necessary in limited use during the course of your case.

- **Social Security numbers are collected by the law firm from the client and all clients provide such information to the firm in writing.**
- **Social Security numbers are most often used to positively identify parties. Some uses may include initial service, in court orders, in orders to withhold wages for child support, in required reports filed with the State of Texas, or to obtain retirement information used to divide retirement benefits. Most courts require Social Security numbers of all parties.**
- **All information received from a client is confidential. Numbers are not released from the firm unless authorized by the client or required in the course of representation as previously stated herein.**
- **The employees of GP Schoemakers, PLLC have access to this personal information.**
- **Every step is taken to protect your privacy. This information is kept secure within the offices of the firm in file folders and file drawers until such time that the file information is retired. Social Security numbers are also kept in firm software programs that are protected by password in our system which is further protected by extensive firewalls.**

I acknowledge that I have read the above privacy information provided by GP Schoemakers, PLLC regarding use of my Social Security number.

Signature

Date