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NEW CLIENT INFORMATION FORM – CIVIL/CRIMINAL

Please take a few minutes to complete this form. Please note that all information given is regarded as confidential.

Date _____ How did you hear about us? _____

Name _____ Age _____ Date of Birth _____
First Middle Last Maiden

Social Security Number _____

Current Mailing Address _____
Street Address

City _____ County _____ State _____ Zip _____

Telephone Nos. _____
Home Work Cell

Email Address _____

Current Employer _____ Position held _____

Employer's Address _____
Street Address

City _____ County _____ State _____ Zip _____

Employer's Telephone Number _____

Hours worked per week _____ Salary _____ per Hour Year

Salary or wages for the past two years 20 \$ _____

20 \$ _____

Name, Address and Telephone Number of an individual we may contact if we are unable to contact you:

Brief description of the legal matter that you wish to discuss:

If this is a criminal matter, please state:

What were you charged with? _____

Which county? _____

When is your court date? _____

Who is the judge? _____

Who referred you to us? _____

Criminal record, if any, including traffic offenses within the last five years:
