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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:

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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:

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