

NEW MATTER MEMO

CLIENT INFORMATION

NAME: _____		DATE: _____		
MAIDEN NAME, ADDITIONAL LAST NAMES: _____				
ADDRESS: _____		HOME PHONE: _____		
CITY, STATE, ZIP: _____		CELL PHONE: _____		
E-MAIL: _____		WORK PHONE: _____		
COUNTY OF RESIDENCE: _____		DOB: _____		
LENGTH OF RESIDENCE IN COUNTY: _____		SSN: _____		
DATE OF MARRIAGE: _____ OR		DATE OF DISSOLUTION: _____		
PLACE OF EMPLOYMENT: _____		WAGES/SALARY/RATE OF PAY: _____		
POSITION: _____				
WEEKLY WORK SCHEDULE: _____		TIPS/BONUSES/COMMISSION: _____		
TOTAL HOURS WORKED PER WEEK: _____				
OTHER EMPLOYMENT/SOURCE OF INCOME: _____				
EMERGENCY CONTACT (OTHER THAN SPOUSE): _____				
ADDRESS: _____		TELEPHONE: _____		
REFERRED BY (check all that apply): <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Internet <input type="checkbox"/> Attorney (name): _____ <input type="checkbox"/> Super Lawyers <input type="checkbox"/> Findlaw.com <input type="checkbox"/> Lawyers.com <input type="checkbox"/> Indianapolis Monthly <input type="checkbox"/> Other (specify): _____				
OPPOSING PARTY				
NAME: _____		HOME PHONE: _____		
MAIDEN NAME, ADDITIONAL LAST NAMES: _____				
ADDRESS: _____		CELL PHONE: _____		
CITY, STATE, ZIP: _____		WORK PHONE: _____		
COUNTY OF RESIDENCE: _____		DOB: _____		
LENGTH OF RESIDENCE IN COUNTY: _____		SSN: _____		
PLACE OF EMPLOYMENT: _____		WAGES/SALARY/RATE OF PAY: _____		
POSITION: _____				
WEEKLY WORK SCHEDULE: _____		TIPS/BONUSES/COMMISSION: _____		
TOTAL HOURS WORKED PER WEEK: _____				
OTHER EMPLOYMENT/SOURCE OF INCOME: _____				
OPPOSING COUNSEL (if known): _____				
CHILDREN				
FULL NAME:		DOB:	SSN:	SCHOOL/PRE-SCHOOL/CHILD CARE
1. _____		_____	_____	_____
2. _____		_____	_____	_____
3. _____		_____	_____	_____
4. _____		_____	_____	_____
FIRM ADMINISTRATION				
ATTY: _____		PARALEGAL: _____	DATE OPENED: _____	
NATURE OF MATTER: _____			CLIENT NUMBER: _____	
CONFLICT CHECK PERFORMED BY: _____			DATE: _____	