

THE LAW OFFICES OF PAUL T. FANNING, P.C.

Tyler, Texas

Today's Date: _____

Name: _____

(First)

(Middle)

(Last)

Address: _____

(Street)

(City)

(State)

(Zip)

Date of Birth: _____ Social Security No. _____ Driver's License No. _____

Home Phone: () _____ Home Fax: () _____

Office Phone: () _____ Office Fax: () _____

E-Mail: _____ Secure? _____

Do You Check Daily? _____ Okay to communicate with you online? _____

Employer: _____

Address: _____

(Street)

(City)

(State)

(Zip)

Date Employed: _____ Job Description: _____

Spouse's Name: _____

(First)

(Middle)

(Last)

Address: _____

(Street)

(City)

(State)

(Zip)

Spouse's DOB: _____ Spouse's SSN. _____ Spouse's D.L.# _____

Employer: _____

Address: _____

(Street)

(City)

(State)

(Zip)

Spouse's Office Phone: () _____ Job Description: _____

Do you participate in any form of legal services insurance?

Yes No If "Yes," please list name: _____

How did you select this Firm? _____

May we write a thank you letter disclosing your identity? _____

Subject, in your own words, of this visit: _____

Except for personal injury and workers compensation claims, there is a fee charged by The Law Offices of Paul T. Fanning, P.C. for initial conferences which I agree to pay. This fee is based upon the minimum hourly rates charged by its different personnel for different legal issues, but is a *minimum* of \$250.00. At the conclusion of the conference, there might be additional charges. If I am not here to discuss an accident or worker's compensation claim in which I am the plaintiff, I have attached \$250.00 to this questionnaire before returning it to the secretary and agree to pay any additional charges at the conclusion of the conference before leaving the offices.

Your Usual Signature

THANK YOU!