

**TIFFANY JONES ELLENBERG**  
**ATTORNEY AT LAW, P.C.**

CLIENT QUESTIONNAIRE

Date: \_\_\_\_\_, 20\_\_\_\_\_

NAME: \_\_\_\_\_ ( \_\_\_\_\_ )  
                    **First**                            **Middle**                            **Last**                            **Maiden**

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address (If different than Mailing Address): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone number (day) : \_\_\_\_\_ : (evening): \_\_\_\_\_

Cellular, fax, or alternate numbers (Please specify) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer address: \_\_\_\_\_

Opposing Party Name: \_\_\_\_\_ ( \_\_\_\_\_ )  
                                    **First**                            **Middle**                            **Last**                            **Maiden**

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Opposing Party Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Explain your need for legal representation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you learn about our office? \_\_\_\_\_

**A CONSULTATION WITH TIFFANY JONES ELLENBERG, PC DOES NOT CREATE AN ATTORNEY-CLIENT RELATIONSHIP. TIFFANY JONES ELLENBERG, PC DOES NOT REPRESENT YOU OR ANY OTHER PARTY UNTIL A SEPARATE CONTRACT IS SIGNED AND THE PAYMENT TERMS ARE AGREED UPON AND COMPLIED WITH.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's date