

Client Data Sheet – **GENERAL PRACTICE LAW**

Kasbee Law ~ 412-931-2340 ~ Scott@KasbeeLaw.com ~ <http://kasbeelaw.com/>

A. CLIENT (→All notices will be sent here.)

Name	Date of Birth	Email
Mailing Address		Phone: Day
City, State, Zip	County	Phone: Alternate
Employer	Position/Title	
Other address where we can reach you.		
Name	Address	Phone

B. OTHER PEOPLE INVOLVED IN YOUR LEGAL MATTER

① Name Street Address City, State, Zip Phone (day) Phone (alternate)	↓ ↓ ↓ ↓	If this party is represented by an attorney, please supply the attorney's contact information below. Attorney – Name Attorney – Address Attorney – Phone
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② Name Street Address City, State, Zip Phone (day) Phone (alternate)	↓ ↓ ↓ ↓	If this party is represented by an attorney, please supply the attorney's contact information below. Attorney – Name Attorney – Address Attorney – Phone
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C. General Statement of the Problem:
