**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

|  |  |
| --- | --- |
| **❶**Name  | If this party is represented by an attorney, please supply the attorney’s contact information below. |
| Street Address | Attorney – Name |
| City, State, Zip | Attorney – Address |
| Phone (day) Phone (alternate) | Attorney – Phone |

|  |  |
| --- | --- |
| **❷**Name  | If this party is represented by an attorney, please supply the attorney’s contact information below. |
| Street Address | Attorney – Name |
| City, State, Zip | Attorney – Address |
| Phone (day) Phone (alternate) | Attorney – Phone |

C. General Statement of the Problem:

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