

LAW OFFICE**MARC A. METZE****PERSONAL INFORMATION SHEET****NOTE: PLEASE PRINT CLEARLY AND PLEASE PROVIDE GOOD, COMPLETE INFORMATION**

FULL NAME: _____ NICKNAME OR ALIAS: _____
STREET/CITY/STATE/ZIP: _____
TELEPHONE: _____ HOW LONG AT ADDRESS: YRS. ____ MO. ____
PAGER: _____ CELL PHONE: _____ OTHER PHONE: _____
TEMPORARY RESIDENCE (GIRLFRIEND/ BOYFRIEND): _____
STREET/CITY/STATE/ZIP: _____
DO YOU HAVE A VALID D.L. OR I.D. AT PRESENT TIME? YES / NO IF YES, NUMBER? _____
SOCIAL SECURITY NUMBER: _____ OTHER I.D. (MILITARY, ETC.): _____
DATE OF BIRTH: ____/____/____ AGE: _____ SEX: _____ WEIGHT: _____ HEIGHT: _____
RACE: _____ HAIR COLOR: _____ EYE COLOR: _____ BUILD: _____
SCARS/TATOOS AND LOCATION: _____

WORK HISTORY OF CLIENT

EMPLOYER: _____ OCCUPATION: _____
STREET/CITY/STATE/ZIP: _____
TELEPHONE NUMBER(S): _____ HOW LONG? _____
ARE YOU A STUDENT? YES / NO IF YES, SCHOOL NAME/ADDRESS: _____

WORK HISTORY OF WIFE/HUSBAND/GIRLFRIEND/BOYFRIEND

NAME: _____ TELEPHONE NO.: _____
EMPLOYER: _____ OCCUPATION: _____
STREET/CITY/STATE/ZIP: _____
TELEPHONE NUMBER(S): _____ HOW LONG? _____

CHILDREN'S NAMES AND SCHOOLS

NAME: _____ AGE: _____ SCHOOL: _____
NAME: _____ AGE: _____ SCHOOL: _____
NAME: _____ AGE: _____ SCHOOL: _____

ATTORNEY'S FEE NON-REFUNDABLE

PARENTS / PERSONAL REFERENCES

You MUST have seven (7) names and phone numbers. Phone numbers MUST be different.

MOTHER: _____ TELEPHONE NO.: _____
STREET/CITY/STATE/ZIP: _____
FATHER: _____ TELEPHONE NO.: _____
STREET/CITY/STATE/ZIP: _____
MOTHER-IN-LAW: _____ TELEPHONE NO.: _____
STREET/CITY/STATE/ZIP: _____
FATHER-IN-LAW: _____ TELEPHONE NO.: _____
STREET/CITY/STATE/ZIP: _____
NAME: _____ RELATIONSHIP: _____ TELEPHONE NO.: _____
NAME: _____ RELATIONSHIP: _____ TELEPHONE NO.: _____
NAME: _____ RELATIONSHIP: _____ TELEPHONE NO.: _____
NAME: _____ RELATIONSHIP: _____ TELEPHONE NO.: _____
NAME: _____ RELATIONSHIP: _____ TELEPHONE NO.: _____
NAME: _____ RELATIONSHIP: _____ TELEPHONE NO.: _____
NAME: _____ RELATIONSHIP: _____ TELEPHONE NO.: _____

NOTE:

I, _____, UNDERSTAND THAT FAILURE TO MAKE PAYMENTS AS AGREED UPON, SHALL RESULT IN ATTORNEY MARC METZE REMOVING HIMSELF FROM MY CASE(S): AS WELL AS FORFEITURE OF ALL MONIES PREVIOUSLY PAID.

NOTE:

I, _____, UNDERSTAND THAT BY CO-SIGNING ON _____ CASE(S), I AM FULLY RESPONSIBLE FOR HIS/HER PAYMENTS.

DATE: _____

ATTORNEY'S FEES ARE NON-REFUNDABLE

