



NEW CLIENT INFORMATION FORM

Full Name:

Former Name:

Issues Requiring Advice:

Marital Status:

Finances/Property? Yes No
Children? Yes No
Domestic Violence? Yes No
Relationship breakdown? Yes No

Current Address:

Correspondence Address (if different):

Telephone: Home
Work
Mobile

Funding Arrangements: (Official use only)

Fixed fee Yes No
Card payment Yes No
Cash Yes No
Standing order Yes No

Email address:

Date of birth:

Evidence of Identity:

Place of birth:

Passport Yes No
Driving Licence Yes No
Utility Bill Yes No
Other?

National Insurance Number:

Occupation:

Employer:

Benefits claimed:

Benefits office:

Nationality:

Immigration Status:

GP:

Disability/Health issues:

Previous legal advice in relation this matter? Yes No

Please identify the solicitors instructed and the reason for seeking advice elsewhere.