

**SHUFF LAW FIRM
A PROFESSIONAL LAW CORPORATION**

CLIENT INTERVIEW SHEET

DATE: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP _____

TELEPHONE NO.: HOME: _____ WORK: _____

CELL: _____ FAX: _____

E-MAIL: _____

NEAREST RELATIVE: _____ TELEPHONE #: _____

BRIEF DESCRIPTION OF LEGAL DISPUTE OR MATTER:

WITNESS (if applicable): _____

NAME: _____ TELEPHONE NO: _____

(DO NOT WRITE BELOW THIS LINE)

