

**CHRIS MAHRE, PC. ATTORNEY AT LAW
GENERAL QUESTIONNAIRE**

*(Providing this information ahead of time is not **mandatory**, but will save significant time at the Initial Consultation)*

Who referred you to Chris Mahre, P.C. Attorney at Law? If not referred by someone in particular, how did you find out about our service? _____

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PART 1 – GENERAL INFORMATION

Client's full name: _____

Preferred Legal name for documents: _____

Current Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Number: _____ Work Number: _____

Cell Number (if applicable): _____

E-Mail Address (if applicable): _____

U.S. Citizen? Yes _____ No _____ Social Security Number: _____

Date of Birth: _____

Health Status (describe health condition, including any confirmed diagnosis of mental and/or physical illnesses): _____

Physician's Name: _____

Physician's Address: _____

City: _____ County: _____ State: _____ Zip: _____

Name of Care Facility (if applicable): _____

Care Facility's Address: _____

City: _____ County: _____ State: _____ Zip: _____

Date of Admission to Care Facility (if applicable): _____

- Are you currently or have you been represented by an Attorney? Yes ___ No ___

If so, please state who: _____

Please fill out information on spouse if applicable

Spouse's Full Name: _____

Preferred Legal name for documents: _____

Current Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Number: _____ Work Number: _____

Cell Number (if applicable): _____

E-Mail Address (if applicable): _____

U.S. Citizen? Yes _____ No _____ Social Security Number: _____

Date of Birth: _____

Health Status (describe health condition, including any confirmed diagnosis of mental and/or physical illnesses): _____

(Spouse's Information Continued)

Physician's Name: _____

Physician's Address: _____

City: _____ County: _____ State: _____ Zip: _____

Name of Care Facility (if applicable): _____

Care Facility's Address: _____

City: _____ County: _____ State: _____ Zip: _____

- Is your spouse currently or in the past been represented by an Attorney?
Yes __ No __

If so, please state who: _____

Children:

NOTE: If a child is deceased, please indicate so after the child's name.

1. Client's full name: _____

Preferred Legal name for documents: _____

Current Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Number: _____ Work Number: _____

Cell Number (if applicable): _____

E-Mail Address (if applicable): _____

2. Client's full name: _____

Preferred Legal name for documents: _____

Current Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Number: _____ Work Number: _____

Cell Number (if applicable): _____

E-Mail Address (if applicable): _____

3. Client's full name: _____

Preferred Legal name for documents: _____

Current Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Number: _____ Work Number: _____

Cell Number (if applicable): _____

E-Mail Address (if applicable): _____

4. Client's full name: _____

Preferred Legal name for documents: _____

Current Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Number: _____ Work Number: _____

Cell Number (if applicable): _____

E-Mail Address (if applicable): _____

