

# Spitale, Vargo, Madsen & Blair

<b>HOW WERE YOU REFERRED TO US?</b>	<input type="checkbox"/> Office Sign	<input type="checkbox"/> Firm Website	<input type="checkbox"/> Bar Association		
<input type="checkbox"/> Previous Client of Attorney:	<input type="checkbox"/> Spitale	<input type="checkbox"/> Vargo	<input type="checkbox"/> Madsen	<input type="checkbox"/> Blair	
<input type="checkbox"/> Friend:	_____			<input type="checkbox"/> Referred by Attorney: _____	
<input type="checkbox"/> Other Website:	_____			<input type="checkbox"/> Search Engine	<input type="checkbox"/> Other: _____

## Purpose of Visit

**Family Law:**  Divorce  Custody  Support  Grandparent's Rights  PFA

**Criminal Defense:**  DUI  Misdemeanor  Felony  Expungement

**Civil:**  Personal Injury  Contract  Unemployment  Debt Collection  Landlord/Tenant

Discrimination  Foreclosure  Traffic

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Sex:**  M  F  
Last Name First Name M.I. Maiden

**Place of Birth:** \_\_\_\_\_  
City County State Country

**SS Number:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Apt:** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Work Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Cell Phone:** (\_\_\_\_\_) \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Employer's Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **St:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_ **(Maiden Name)** \_\_\_\_\_ **DOB:** \_\_\_\_\_

## FOR OFFICE USE ONLY:

Fee Estimate: \_\_\_\_\_

Interviewing Atty: \_\_\_\_\_

Cost Estimate: \_\_\_\_\_

Down Payment: \_\_\_\_\_