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|  |                 |
|--|-----------------|
| CLIENT NAME:   |                 |
| MAIDEN NAME <i>(if applicable)</i> :   |                 |
| ADDRESS:   | CITY/STATE/ZIP: |
| HOME PHONE:  |                 |
| WORK PHONE:  |                 |
| CELL:  |                 |
| May we send mail or contact you at your home? _____ YES _____ NO                                     |                 |
| PRIMARY EMAIL ADDRESS <i>(Please provide the email address you wish to receive correspondence)</i> : |                 |
| DATE OF BIRTH:   |                 |
| BIRTHPLACE:  |                 |
| SSN:   |                 |
| DRIVER'S LICENSE NO. & STATE:  |                 |
| YOUR OCCUPATION:   |                 |
| YOUR EMPLOYER & ADDRESS:   |                 |
| NATURE OF LEGAL MATTER: <i>(Please briefly describe the nature of the legal advice sought)</i> :     |                 |

|   |                           |
|---|---------------------------|
| SPOUSE'S NAME:  |                           |
| SPOUSE'S ADDRESS:   | CITY/STATE/ZIP:           |
| SPOUSE'S HOME PHONE:  | SPOUSE'S EMAIL ADDRESS:   |
| SPOUSE'S WORK PHONE:  |                           |
| SPOUSE'S CELL PHONE:  |                           |
| IS YOUR SPOUSE REPRESENTED BY AN ATTORNEY: _____ YES _____ NO |                           |
| IF YES, WHAT IS THE ATTORNEY'S NAME?:                         |                           |
| SPOUSE'S DATE OF BIRTH:                                       | SPOUSE'S RACE:            |
| SPOUSE'S BIRTHPLACE:  |                           |
| SPOUSE'S SSN:   | SPOUSE'S MAIDEN NAME:     |
| SPOUSE'S DRIVER'S LICENSE NO. & STATE:                        |                           |
| SPOUSE'S OCCUPATION:  |                           |
| SPOUSE'S EMPLOYER & ADDRESS:                                  |                           |
| DATE OF MARRIAGE:   |                           |
| DATE OF SEPARATION:   |                           |
| PLACE OF MARRIAGE:  |                           |
| PLEASE PROVIDE THE FOLLOWING FOR CHILDREN:                    |                           |
| NAME (First/Middle/Last):                                     | NAME (First/Middle/Last): |
| BIRTHDATE:  | BIRTHDATE:                |
| SSN:  | SSN:                      |
| RACE:   | RACE:                     |
| NAME (First/Middle/Last):                                     | NAME (First/Middle/Last): |
| BIRTHDATE:  | BIRTHDATE:                |
| SSN:  | SSN:                      |
| RACE:   | RACE:                     |
| HOW DID YOU HEAR ABOUT OUR LAW FIRM:                          |                           |