



# NEW MATTER INFORMATION SHEET

## COMBS LAW GROUP, P.C.

2200 East Camelback Road, Suite 221, Phoenix, Arizona 85016

Phone: (602) 957-9810 | Fax: (602) 955-4712

Name of Attorney You Are Scheduled to See: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Maiden Name and/or Other Names Used: \_\_\_\_\_

Spouse's Full Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Maiden Name and/or Other Names Used: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If P.O. Box, please provide physical address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Business/Employer: \_\_\_\_\_

Occupation and/or Title: \_\_\_\_\_

Business/Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Correspondence should be mailed to:  Residence  Business

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Spouse's Business Phone: \_\_\_\_\_

Spouse's Mobile Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Spouse's E-Mail: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Spouse's Fax Number: \_\_\_\_\_

Please check which number will be your primary contact number.

How were you referred to our office?

Name/ Source: \_\_\_\_\_

Company: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Nature of Matter: \_\_\_\_\_

Has a lawsuit been filed?  Yes  No. If so, are you Plaintiff or Defendant? \_\_\_\_\_

Names of Potential Adverse Parties: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Consultation Fee \$ \_\_\_\_\_ Form of Payment:  Cash # \_\_\_\_\_  Check # \_\_\_\_\_  Cashier's Check  Credit Card (Write in Type) \_\_\_\_\_