



SMITH WELCH

WEBB & WHITE_{LLC}

ATTORNEYS AT LAW

TRUSTED SERVICE FOR A LIFETIME

Information Sheet

Date: _____

Name: _____		
First	Middle	Last
Address: _____		
Street		
_____	_____	_____
City	State	Zip

Name of Business: _____	
Contact Name: _____	
Telephone Numbers: _____; _____	
Home	Office
_____; _____	
Cell-phone	Fax
Who are you here to see? _____	
Nature of visit? _____	

1. May we send confidential documents by mail? <input type="checkbox"/> Yes/ <input type="checkbox"/> No
If Yes, to what address: _____
2. May we send confidential documents by email? <input type="checkbox"/> Yes/ <input type="checkbox"/> No
If Yes, to what email address: _____
3. May we leave voicemails for you? <input type="checkbox"/> Yes/ <input type="checkbox"/> No
If Yes, at which number: _____

How did you hear about our firm?	
Please check box below:	
<input type="checkbox"/> Client referral	Name: _____
<input type="checkbox"/> Attorney referral	Name: _____
<input type="checkbox"/> Friend/Family referral	Name: _____
<input type="checkbox"/> Walk In	
<input type="checkbox"/> Website – smithwelchlaw.com	
<input type="checkbox"/> Real Pages.com	
<input type="checkbox"/> Internet site	Name of site: _____
<input type="checkbox"/> Newspaper	Which One: _____
<input type="checkbox"/> Yellow Pages	Which One: _____
<input type="checkbox"/> Other: _____	