

WILLIAM C. POOLE, LLC

Case Initiation Form

PLEASE COMPLETE THE FOLLOWING - PLEASE PRINT NEATLY

PERSONAL INFORMATION:

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL/PAGER: _____ E-MAIL: _____

AGE: _____ DOB: _____ SSN: _____ DL# _____

MARITAL STATUS: _____ CONTACT PERSON: _____ (Relationship)

PRESENT EMPLOYER INFORMATION:

PRESENT EMPLOYER: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

REASON FOR VISIT: (PLEASE CHECK ONE OF THE FOLLOWING OR FILL IN "OTHER")

- WORKER'S COMPENSATION AUTO ACCIDENT CRIMINAL CASE BANKRUPTCY
- DIVORCE CUSTODY IMMIGRATION/CITIZENSHIP/VISA CHILD SUPPORT
- CREDIT REPORT PROPULSID FEN-PHEN VIOXX METABOLIFE
- BEXTRA CELEBREX OTHER (PLEASE DESCRIBE: _____)
- HAVE YOU DISCUSSED THIS MATTER WITH ANOTHER ATTORNEY? (Y/N) IF YES, WHO? _____

HOW DID YOU LEARN ABOUT OUR FIRM?

- BY A REFERRAL: NAME: _____
- TELEPHONE BOOK: BELLSOUTH YELLOW PAGES OR YELLOW BOOK
- INTERNET: _____
- OTHER (PLEASE DESCRIBE): _____
- BEEN A CLIENT BEFORE.

THANK YOU SO MUCH FOR VISITING WILLIAM C. POOLE, LLC

You or someone you know may have questions about a legal matter different from the one that brought you here. We want you to feel free to bring up any legal matter that may be of concern to you or someone you know as a part of your free consultation. Please look over this list and check any legal matter that may apply:

- An on the Job Injury The death of a loved one Medical Malpractice Adoption
- A car accident Social Security benefits A DUI or traffic ticket Custody
- A criminal case A Will or Power of Attorney Divorce/Child Support Metabolife
- Propulsid Credit Report Vioxx Bextra
- Metabolife Immigration/Citizenship/VISA

IMPORTANT INFORMATION:

1. We will not act as your attorney on any matter unless you have received a written fee agreement letter or a written contingency fee agreement. _____ Sign
2. All claims for damages for the violation of legal rights expire unless formal action is taken within the time period called the Statute of Limitations. The formal action that must be taken and the time period vary with the type of case and the jurisdiction. _____ Sign
3. If you have employed us to handle a case, it is your obligation to notify us of any phone number or address change. Please keep in mind that we may have to contact you on a "moments notice" to prevent irreparable has to your case. _____ Sign

WILL QUESTIONNAIRE

Please provide the following information including:

Date of Birth _____

Date of Death if applicable _____

Spouse _____

Children _____

Siblings _____

Parents _____

Must be over the age of 19, a resident of Alabama, and of sound mind.

Executor- 1st choice _____
 2nd choice _____

Must be over the age of 19, a resident of Alabama, and of sound mind.

Guardian 1st choice _____
 2nd choice _____

Real Property _____

Personal Property

Cars, furniture, etc. _____

Bank accounts _____

Retirement accounts

Insurance Policies
