

Law Offices of Kathryn M. Wayne-Spindler

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Of Counsel, Mark W. Doran

Canton Office

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By Appointment Only

Client Questionnaire

Name: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer: _____ Are you a U.S. Citizen? _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Date of Birth: _____ E-Mail Address: _____

Preferred Method of Contact: _____

List names of individuals whom we may contact if we are unable to contact you:

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Relationship: _____ Relationship: _____

Please state briefly the type of problem you wish to discuss:

Have you contacted or are you presently in contact with any other Attorney concerning this matter?

Yes _____ No _____

If Yes, please explain further: _____

How were you referred to this office? Yellow Pages / Friend / Attorney / Web-site / Other

Today's Date: _____

All information will be held and used in strict confidentiality between you and your Attorney.

Note: We will gladly accept your personal check for legal services. However, if it is returned, a \$25.00 service charge will be charged.

"We are Happy to Assist You with Confident Aggressive Legal Counsel in your Neighborhood"