



STINSON, LASSWELL & WILSON, L.C.

ATTORNEYS AT LAW

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Today's Date: _____

About You

Name: _____

Address: _____

City, State, Zip: _____

Home Phone (____)____ - _____ Office Phone (____)____ - _____ Fax: (____)____ - _____

Cell Phone (____)____ - _____ Other Phone (____)____ - _____

Email Address: _____

May we use the above information to contact you (please check one)? Yes No

If not, please provide an alternate address and/or telephone number: _____

Emergency Contact (please list name, address and phone number): _____

Employer: _____

Address: _____ Phone (____)____ - _____

City, State, Zip: _____

Social Security Number: _____ Birth Date: _____

Driver's License (please list number and state where issued): _____

About Your Spouse

Name: _____

Address: _____

City, State, Zip: _____

Home Phone (____)____ - _____ Office Phone (____)____ - _____ Fax: (____)____ - _____

Cell Phone (____)____ - _____ Other Phone (____)____ - _____

Employer: _____

Address: _____ Phone (____)____ - _____

City, State, Zip: _____

Social Security Number: _____ Birth Date: _____

Today's consultation is regarding: _____

Opposing Party's Name: _____ Phone (____)____ - _____

Address: _____

City, State, Zip: _____

Have you or any member of your family ever received legal services from one of the following:

- T. Michael Wilson Yes ___ No ___ Douglas C. Cranmer Yes ___ No ___
Jeffrey N. Lowe Yes ___ No ___ Brian R. Carman Yes ___ No ___
Matthew J. Olson Yes ___ No ___ Ashley A. Davis Yes ___ No ___
Jessica M. Fiegel Yes ___ No ___ Thomas C. Witherspoon Yes ___ No ___
Margaret J. Disilvestro Yes ___ No ___
Dale B. Stinson, Jr. Yes ___ No ___ Gerald D. Lasswell Yes ___ No ___

If you answered Yes to the above question, for what reason did the attorney represent you or your family member?

By whom were you referred? _____

Attorney you will be seeing today: _____