



STINSON LASSWELL & WILSON
ATTORNEYS AT LAW

255 N. Water St. Wichita, Kansas 67202
316-264-9137

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 circle one)? Yes No

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

Employer: _____

Address: _____ Phone (____)____-____

City, State, Zip: _____

Social Security Number: _____ Birth Date: _____

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

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

About Opposing Party

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: _____

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

Yes/No ____ T. Michael Wilson

Yes/No ____ Douglas C. Cranmer

Yes/No ____ Brian R. Carman

Yes/No ____ Jessica F. Leavitt

Yes/No ____ Margaret D. Lyons

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: _____