



STINSON, LASSWELL & WILSON, L.C.
ATTORNEYS AT LAW

* OLIVE W. GARVEY BUILDING 200 WEST DOUGLAS, SUITE 100 WICHITA, KANSAS 67202 TEL: 316.264.9137 FAX: 316.264.3791

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, and phone number): _____

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 ___ Jennifer L. Stultz Yes/No ___ Brian R. Carman
Yes/No ___ Matthew J. Olson Yes/No ___ Jessica F. Leavitt
Yes/No ___ Margaret J. Disilvestro Yes/No ___ Riley W. Baber
Yes/No ___ Sam Natera

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

By whom were you referred? _____

Attorney you will be seeing today: _____