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CLIENT INFORMATION

Date: _____ Referred by: _____

THIS MATTER CONCERNS:

Name:

Mailing
Address:

Social Security No: _____ - _____ - _____ Driver's License No: _____

Date of Birth: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email Address: _____

Employed by:

Employers Address:

Comments:

