

**Collaborative Law Client Information Form**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Best Phone Number to Reach You: \_\_\_\_\_ (Home) (Cell) (Work)

Alternative Phone Number: \_\_\_\_\_ (Home) (Cell) (Work)

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

- **I understand that I am fully responsible for complete payment of services rendered and I accept that responsibility.**
- **I authorize the credit card below to be used for payment in full at the time that services are rendered.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Type: \_\_\_\_\_ MC \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_ American Express

Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_/\_\_\_\_\_ Security Code: \_\_\_\_\_