

**KURTZ, ANDERSON AND ASSOCIATES**  
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Date: \_\_\_\_\_

**GENERAL CLIENT INFORMATION**

**Full Name:** \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

U.S. Citizen: [ ] Yes [ ] No E-mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Home Fax: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ How may we best reach you? \_\_\_\_\_

**Employer:** \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Work Fax #: (\_\_\_\_) \_\_\_\_\_

**Full Name of Spouse:** \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

U.S. Citizen: [ ] Yes [ ] No Date of Marriage: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Spouse's Employer:** \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Work Fax #: (\_\_\_\_) \_\_\_\_\_

**Referred by:** \_\_\_\_\_

Reason for consulting an Attorney: \_\_\_\_\_

\_\_\_\_\_