



# Dailey Law Offices

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## CLIENT REGISTRATION FORM

Please fill out the information requested below to the best of your ability.

**Everything you write is confidential and protected by the attorney-client privilege.**

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

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

Former/Maiden Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ How Long: \_\_\_\_\_

County of Residence: \_\_\_\_\_ How Long: \_\_\_\_\_

Are we permitted to mail letters/documents to the above address?  Yes  No

Home/Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

Marital Status:  Single  Married  Divorced  Widowed  Separated

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

Do You Have Children?  Yes  No If yes, how many? \_\_\_\_\_ Ages? \_\_\_\_\_

Name of other party involved in matter: \_\_\_\_\_

Why are you seeking legal advice?

- Divorce
- Bankruptcy
- Landlord/Tenant
- Dissolution
- Estate Planning
- Criminal
- Custody
- Other, please explain: \_\_\_\_\_

What attorney were you referred to?

- Stephanie N. Dailey
- Sean P. Casey

How did you hear about our office?

- SNP Ad
- Telephone book
- Insurance
- Columbus Bar Association -  Internet/website  Telephone referral
- Internet -  Google  Yahoo

- Referred by: \_\_\_\_\_
- Other, please specify: \_\_\_\_\_

