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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?

- | | | |
|--|---|---|
| <input type="checkbox"/> Divorce/Dissolution | <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Landlord/Tenant |
| <input type="checkbox"/> Custody/Child Support | <input type="checkbox"/> Estate Planning | <input type="checkbox"/> Criminal/Traffic Violation |
| <input type="checkbox"/> Probate | <input type="checkbox"/> Other, please explain: _____ | |

How did you hear about our office?

- | | | | |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> SND Ad | <input type="checkbox"/> Telephone book | | |
| <input type="checkbox"/> Columbus Bar Association - | <input type="checkbox"/> Internet/website | <input type="checkbox"/> Telephone referral | |
| <input type="checkbox"/> National Education Association Attorney Referral Service | | | |
| <input type="checkbox"/> Internet - | <input type="checkbox"/> Google | <input type="checkbox"/> Yahoo | <input type="checkbox"/> Google Maps |
| <input type="checkbox"/> Findlaw | | | |
| <input type="checkbox"/> Columbus Lawyer Finder | | | |
| <input type="checkbox"/> Hyatt – Member Number: _____ | Case Number: _____ | | |
| <input type="checkbox"/> Union Plus Legal Plan/Custom Legal Plans, LLC – Intake Number: _____ | | | |

