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OF COUNSEL
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CLIENT NAME: _____ **DATE:** _____

1. **Full Name:** _____

2. **Address:** _____

3. **Best telephone number where you can be reached:** _____

4. **Preferred e-mail address:** _____

5. **Occupation/Employer:** _____

6. **Date of Birth and Age:** _____

7. **Nationality:** _____

8. **Marital Status:** _____

9. **Spouse's Name, if married:** _____

10. **Number and ages of children, if any:** _____

11. **Reason for Consult:** _____