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CLIENT INFORMATION

*** YOUR INITIAL OFFICE CONFERENCE FEE IS \$300.00 ***

Please pay the assistant when you complete this form and, or, prior to the Zoom/Telephone meeting.

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Birth Date Age Sex	Social Security Number
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City, State, Zip Code:	
Home Phone:	Cell Phone:
Work Phone:	E-mail Address:
Circle One: Single Married	Divorced Widowed
Employer:	
Employer's Address	
Has Douglas Warnock/Katherine Snider represented you before? Yes No	
If yes, when and why?	
Were you referred to our office?	If so, by whom?
Describe briefly why you are here today.	
How would you prefer that we provide in	nformation to you?
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