



Providing Peace of Mind by Solving Problems with Integrity & Compassion

Thank you for the trust you have placed in **JUPITER LAW CENTER** by contacting us to discuss/review your legal needs. Please complete the attached *Confidential Client Information Form* as accurately and thoroughly as possible. The information you provide will assist us in properly assessing your specific needs/wants so that we can have a productive first meeting. **We do not sell or disclose the information that you provide to us.**

Many people think that they don't need, or can't afford an attorney when legal challenges arise or believe that *Agreements* and *Contracts* are all boiler-plate such that no legal representation is necessary. At our first meeting, we will explain to you in simple and easy-to-understand language, *not Legalese*, why these beliefs often aren't accurate and why there is no such thing as a "standard" Contract. You'll come away understanding that seeking representation can save you time and money in the long run.

What is unique about our firm is that clients usually expect their experience with a law firm to be stressful, antiseptic and unpleasant, but we often surprise them with the warmth and accessibility of our team and services - and even humor. At **JUPITER LAW CENTER**, we take great pride in building longstanding relationships with each of our clients. Ultimately, we hope to serve you and your family and become your lawyer for life.

Sincerely,

The Attorneys and Staff at
JUPITER LAW CENTER

*RiverPlace Professional Center
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Jupiter, Florida 33458-6851
(561) 744 - 4600
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CONFIDENTIAL CLIENT INFORMATION FORM (GENERAL)

DATE _____ WHO MAY WE THANK FOR REFERRING YOU? _____

TYPE OF MATTER

Prenuptial/Postnuptial Agreement or Family Law Real Estate Litigation Contracts Other _____

PLEASE PROVIDE A BRIEF SUMMARY ABOUT THE PURPOSE OF YOUR VISIT AND YOUR LEGAL NEEDS:

CLIENT'S INFORMATION

FULL LEGAL NAME _____ a/k/a _____
FIRST M.I. LAST

ADDRESS _____
STREET ADDRESS CITY STATE ZIP

COUNTY _____ EMAIL ADDRESS _____

TELEPHONE # (check box as to where you prefer to be called)

Business () _____ Home () _____ Cell () _____

AGE _____ DATE/PLACE OF BIRTH _____ SOCIAL SECURITY # _____

EMPLOYER _____

EMPLOYER'S ADDRESS _____
STREET ADDRESS CITY STATE ZIP
Position/Title _____ How Long Employed _____

MARITAL STATUS Single Divorced Married Widowed Unmarried/Living Together

DATE/PLACE OF MARRIAGE: _____

ARE YOU A U.S. CITIZEN? Yes No

SPOUSE/SIGNIFICANT OTHER'S INFORMATION

FULL LEGAL NAME _____ a/k/a _____
FIRST M.I. LAST

ADDRESS _____
STREET ADDRESS CITY STATE ZIP

COUNTY _____ EMAIL ADDRESS _____

TELEPHONE #

Business () _____ Cell () _____ EMAIL ADDRESS _____

AGE _____ DATE/PLACE OF BIRTH _____ SOCIAL SECURITY # _____

EMPLOYER _____

EMPLOYER'S ADDRESS _____
STREET ADDRESS CITY STATE ZIP
Position/Title _____ How Long Employed _____

CHILDREN

Full Legal Name & Address (if not living w/client)	Marital Status (M)arried or (S)ingle	Date of Birth/Age	(J) Joint, (H) Husband's or (W) Wife's
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Check here if you want to receive our quarterly e-Newsletter (Note: we do not sell or disclose our client's information)