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INITIAL CLIENT INFORMATION

Date: _____

Name: _____

Your Birthdate: _____

Your Present Address: _____

City/State/Zip: _____

Marital Address: _____

City/State/Zip: _____

Phone Numbers:

Cell w/Area Code: _____ Home w/Area Code: _____

Work w/Area Code: _____ Other w/Area Code: _____

Email Address: _____

Place of Employment: _____

Occupation: _____

Type of Case: _____

Spouse/Ex-Spouse's Name: _____ Birthdate: _____

Address Where He/She can be served: _____

City/State/Zip: _____ Phone Number: _____

Date of Marriage: _____ Date if Separation: _____

Number of this Marriage: _____ Number of this Marriage (Spouse): _____

Name of Your Children: _____ Date of Birth: _____

How did you hear about this law firm?

Internet: Phonebook:

Referred by Attorney (Name): _____

Referred by Friend (Name): _____

Other: _____