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GENERAL INFORMATION SHEET

Please fill out all of the information required to the best of your knowledge. The more information you provide, the more we can help you. Please be very specific in your answers.

Today's Date _____
(Fecha)

How Did You Hear About Us? _____
(Como Se Entero de Nostros?)

YOUR INFORMATION
(INFORMACION)

Name

(First, Middle, Last) (Nombre Completo)

Address

(Direccion) City(Cuidad) State(Estado) Zip(Codigo Postal)

Home Phone _____ **Other** _____
(Numero de Casa) (Numero de Otro)

Date of Birth ____/____/____ **Social Security Number** _____
(Fecha de Nacimiento) (Numero Social)

Place of Birth: City _____ **State** _____ **Country** _____
(Donde Nacimiento?) (Estado)

Race _____

Driver's License No. _____ **State** _____
(Numero de Licencia) (Estado)

Employer _____
(Trabajo)

Employer Address _____
(Direccion de Trabajo)

Work Number _____ **Work Fax** _____
(Numero de Trabajo) (Fax de Trabajo)

Email _____

YOUR SPOUSE'S INFORMATION
OR OTHER PARTY'S INFORMATION
(INFORMACION DE ESPOSO)

Spouse's/Other Party Full Name

(First, Middle, Last) (Nombre Completo de Esposo)

Address

(Direccion) City(Cuidad) State(Estado) Zip(Codigo Postal)

Home Phone _____ **Other** _____
(Numero de Casa) (Numero de Otro)

Date of Birth ____/____/____ **Social Security Number** _____

Place of Birth: City _____ **State** _____ **Country** _____
(Donde Nacimiento) (Estado)

Race _____

Driver's License No. _____ **State** _____
(Numero de Licencia) (Estado)

Employer _____
(Trabajo)

Employer Address _____
(Direccion de Trabajo)

Work Number _____ **Work Fax** _____
(Numero de Trabajo) (Fax de Trabajo)

Email _____

Who can we contact in case of an emergency

(Persona que podemos)

Name (Nombre)

Address (Direccion)

Phone (Numero)

Do you have any children? _____ **If yes, how many?** _____
(Hijos?) (Cuanto?)

Date the incident occurred _____ / _____ / _____
(Fecha de incidente)

Describe the incident for which you are seeking relief.

(Describa el incidente)

What type of relief are you seeking?

