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**CIVIL LITIGATION ~ CLIENT INFORMATION SHEET**

PLEASE FILL IN AS COMPLETELY AS POSSIBLE  
(All information is needed to file and complete Court documents)

**COUNTY OF RESIDENCE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**YOUR INFORMATION**

FULL NAME: \_\_\_\_\_ S.S.#: \_\_\_\_\_

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ COUNTY: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT: (cell) \_\_\_\_\_ (work) \_\_\_\_\_

(e-mail) \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ RACE: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS OF EMPLOYER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ LENGTH OF EMPLOYMENT: \_\_\_\_\_

SALARY: \_\_\_\_\_

IS THERE A PENDING LAWSUIT ( Y / N ) If Yes, CAUSE NO: \_\_\_\_\_

**PERSON SUIT WILL BE AGAINST**

FULL NAME: \_\_\_\_\_ S.S.#: \_\_\_\_\_

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ COUNTY: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT: (cell) \_\_\_\_\_ (work) \_\_\_\_\_

(e-mail) \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ RACE: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS OF EMPLOYER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ LENGTH OF EMPLOYMENT: \_\_\_\_\_