

**FILE SUMMARY – FACT INFORMATION SHEET**

Case Name: \_\_\_\_\_

Case No.: \_\_\_\_\_ File No.: \_\_\_\_\_ R&M Originating Attorney(s) \_\_\_\_\_

**Client Information:**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Copy of License:

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone No(s): \_\_\_\_\_ Fax No(s): \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Work Fax: \_\_\_\_\_

E-Mail Address(es): \_\_\_\_\_

Spouse: \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Copy of License:

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone No(s): \_\_\_\_\_ Fax No(s): \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Work Fax: \_\_\_\_\_

E-Mail Address(es): \_\_\_\_\_

Referred By: \_\_\_\_\_

---

**Please be advised that the firm of Resnick & Moss, PC does not provide free initial consultations and payment is expected when services are rendered.**

Sign: \_\_\_\_\_

Date: \_\_\_\_\_