

SMITH WATTS & ASSOCIATES, LLC

GENERAL INFORMATION SHEET

DATE: _____

NAME: _____

DOB: _____

ADDRESS: _____

SSN: _____

TELEPHONE: (H) _____

(W) _____

(M) _____

EMPLOYER: _____

ADDRESS: _____

PHONE: _____

IN YOUR OWN WORDS, STATE THE PROBLEM OR ACTION YOU DESIRE THE ATTORNEY TO TAKE:
