

# THE SHULMAN LAW GROUP, LLC

## CLIENT INFORMATION

**Initial consultations are billed at \$150.00**

Date: \_\_\_\_\_ How were you referred to our firm? \_\_\_\_\_

### **Information of Immigrant to be represented:**

What country is the Immigrant in at this time? \_\_\_\_\_

Name of Immigrant to be represented: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City and Country of Birth: \_\_\_\_\_

Alien #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Immigrant's Employer or Future Employer: \_\_\_\_\_

Address \_\_\_\_\_ Business Phone# \_\_\_\_\_

Name of Spouse/Partner of Immigrant to be Represented (If Applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City and Country of Birth: \_\_\_\_\_

Alien #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Name of person inquiring (IF DIFFERENT THAN ABOVE):** \_\_\_\_\_

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

Cell #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Relationship to person that will be represented \_\_\_\_\_

**CONTINUED ON BACK**

