

**CLIENT INFORMATION FORM****Client 1:** Title: Dr  Mr  Mrs  Ms  Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Client 2:** Title: Dr  Mr  Mrs  Ms  Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Postal Address:  As Above \_\_\_\_\_

Mobile: \_\_\_\_\_ Phone Work: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**WHICH AREA OF LAW ARE YOU ENQUIRING ABOUT?**

- Family Law       Wills & Enduring Powers of Attorney       Estates & Probate  
 Business Law       Conveyancing & Property Law       Other: \_\_\_\_\_

**PREFERRED COMMUNICATION**       Email       Fax       Post

**REFERRAL SOURCE:**  JPLegal Website       JPConveyancing Website       Law Institute of Victoria  
 Friend/Family       Estate Agent       Finance Advisor/Broker/Banker       Previous Client  
 Facebook       Street Sign       Other: \_\_\_\_\_

**CURRENT WILL/POWER OF ATTORNEY**       Yes       No**CURRENT ACCOUNTANT/TAX ADVISOR**       Yes       No      Name: \_\_\_\_\_**CURRENT FINANCIAL PLANNER**       Yes       No      Name: \_\_\_\_\_**OFFICE USE ONLY:**Matter Type: \_\_\_\_\_  NC       EC       PC

Matter Description: \_\_\_\_\_ EF: \_\_\_\_\_ CF: \_\_\_\_\_

Person Responsible: \_\_\_\_\_ Person Acting: \_\_\_\_\_ Person Assisting: \_\_\_\_\_

Physical File:  Yes       No