



# OSWALD ROAM REW & FRY LLC



THE FOLLOWING INFORMATION WILL BE NEEDED BY YOUR ATTORNEY IN ORDER TO PROPERLY ADVISE YOU AND HANDLE YOUR CASE. PLEASE PRINT AND FILL OUT EVERY APPLICABLE QUESTION. IF A QUESTION IS NOT APPLICABLE, PLEASE WRITE N/A IN THE SPACE.

## THIS INFORMATION WILL BE KEPT CONFIDENTIAL

Today's Date: \_\_\_\_\_

Your Full Name:

\_\_\_\_\_  
(LAST) (FIRST) (MIDDLE) (MAIDEN)  
Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_

Present Address:

\_\_\_\_\_  
(STREET OR APARTMENT NUMBER) (CITY, STATE, ZIP)  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_  
Pager: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Email Address: \_\_\_\_\_

Banking Institution: \_\_\_\_\_

Name and Full Address of Employer:

\_\_\_\_\_  
\_\_\_\_\_

Present Position: \_\_\_\_\_ How Long Held: \_\_\_\_\_

Name of Spouse:

\_\_\_\_\_  
(LAST) (FIRST) (MIDDLE) (MAIDEN)  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Banking Institution: \_\_\_\_\_

Name and Full Address of Employer:

\_\_\_\_\_  
\_\_\_\_\_

Present Position: \_\_\_\_\_ How Long Held: \_\_\_\_\_

Who referred you to this law firm? \_\_\_\_\_

Has this law firm previously represented you? \_\_\_\_\_

Name of nearest relative that does not live with you:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Briefly state the nature of this visit: \_\_\_\_\_  
\_\_\_\_\_

**I HEREBY AUTHORIZE OSWALD ROAM REW & FRY LLC TO DISPOSE OF THE CONTENT OF MY FILE (OR ANY OTHER SUBSEQUENT FILES OPENED IN MY BEHALF) FIVE (5) YEARS FOLLOWING THE CLOSURE OF THAT FILE UNLESS I HAVE REQUESTED THAT FILE IN WRITING.**

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

Once completed, please e-mail, fax, mail or bring this form to our office.

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