



# TAYLOR KRIEG & REINKE

**Attorneys**  
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## CLIENT CONTACT SHEET

Please complete the following to the best of your ability:

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

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Your telephone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      OK to leave Voicemail?  
\_\_\_\_ Yes      \_\_\_\_ No

Your email address: \_\_\_\_\_

Your mailing address:

Opposing Party's Name:

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Opposing Party's Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Opposing Party's Email: \_\_\_\_\_

Opposing Party's mailing address:

Is opposing party represented by an attorney? Please give name of attorney if known.

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