

J.L. Williamson Law Group LLC

NAME: First: _____
Middle: _____
Last: _____

ADDRESS: _____

HOME PHONE: (____) _____ MOBILE PHONE: (____) _____

WORK PHONE: (____) _____ FACSIMILE: (____) _____

E-MAIL ADDRESS: _____

MARITAL STATUS: ___ SINGLE ___ MARRIED ___ DIVORCED ___ WIDOWED

ARE YOU A VETERAN? ___ YES ___ NO IS YOUR SPOUSE A VETERAN? ___ YES ___ NO

OCCUPATION: _____

EMPLOYER: _____

IS IT OK TO CONTACT YOU AT WORK? ___ YES ___ NO ___ IN EMERGENCIES ONLY

WHAT TYPE OF REPRESENTATION ARE YOU REQUESTING?

___ Tax Controversy (Representation Before the IRS or United States Tax Court)

___ Estate Planning (Wills, Trusts, Powers of Attorney, Advance Directives, Etc.)

___ Medicaid, Nursing Home, or Long-Term Care Planning

___ Special Needs Planning

___ Veterans Administration Pension Planning

___ Business Entity Formation or Reformation (Corporations, LLCs, Partnerships)

___ Other: _____

HOW DID YOU LEARN ABOUT OUR FIRM?

___ Referred by: _____

___ Saw your advertisement, listing, and/or article in: _____