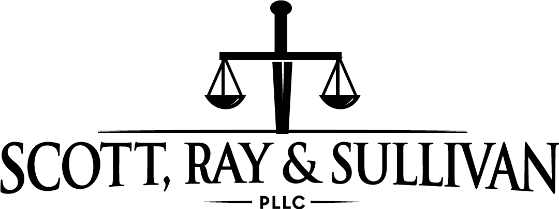
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2608 Stonewall Street ǀ P.O. Box 1353 ǀ Greenville, Texas 75403 ǀ P: 903.454.0044 ǀ F: 903.454.1514

**POTENTIAL NEW CLIENT WORKSHEET**

General New Client Inquiry

Dear Potential New Client,

Please fill out this worksheet and submit it to our firm via email at [Kimber@ScottRayLaw.com](mailto:Kimber@ScottRayLaw.com). If the requested information is unknown state “Unknown.” If information does not apply “N/A.” Should you have any questions regarding how to complete this form or submit it to our firm, please feel free to contact Kimber Patterson, at (903) 269-3615.

Thank you for seeking our legal services for forming your litigation needs. After providing our firm the information below, we will review your information and work to respond to you promptly if our firm can serve your needs.

Sincerely,

The Legal Team of Scott, Ray & Sullivan, PLLC

1. **Potential Client Information**

|  |  |  |
| --- | --- | --- |
| Name | First, Middle, Last |  |
| Address | Street Name & No. |  |
| Address | City, State, Zip |  |
| Phone | Preferred Number and Type |  |
| Email |  | |
| Last 4 of Social & Driver’s License | |  |

1. **Details about Opposing Party (“OP”) – if applicable**

|  |  |
| --- | --- |
| Name(s) of OP |  |
| County of Residence for OP |  |
| Contact Information for OP |  |
| Businesses owned by OP |  |
| Property owned by OP |  |
| Attorney for OP |  |

1. **Type of Transaction or Occurrence**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Business |  | Personal Injury & Wrongful Death |  | Other |  |
| Probate |  | Wrongful Insurance Denial |  |
| Real Property |  | Negligence |  |
| Consumer Protection |  | Premises Liability |  |
| Construction |  | Personal Injury & Wrongful Death |  |

1. **Status of Matter**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you currently in a lawsuit? | Yes |  | No |  |
| If Yes, answer the following: |
| Are you Plaintiff or Defendant? |  | | | | |
| What are the pending deadlines, if any? |  | | | | |
| What are the deadlines for? |  | | | | |
| County of Suit |  | | | | |
| Cause Number of Suit |  | | | | |

1. **Contact Information for Free Consultation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Consultation Preference | Phone |  | In Person |  |
| Preferred Days of Week for Consultation |  | | | | |
| Preferred Times of Day for Consultation |  | | | | |
| Name of Persons Attending Consultation |  | | | | |
| How did you hear about our firm? |  | | | | |

1. **Please use space below to provide additional information or questions.**

|  |
| --- |
|  |
|  |
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|  |

Please submit your completed worksheet to our firm via one of the following:

Email: [Kimber@ScottRaylLaw.com](mailto:Kimber@ScottRaylLaw.com)

Fax: (903) 454-1514

Mail: PO Box 1353, Greenville, Texas 75403-1353

Need help or have questions about this form?

Contact Kimber Patterson at: Kimber@ScottRayLaw.com or (903) 269-3615.