



Solutions for School & Families

New Client Contact Information Form

RETURN COMPLETED FORM TO
Nicole@CedarLawPLLC.com or fax to (206) 237-9101

Student/Client

Full Name: _____

Preferred Name: _____ Pronouns: _____

Date of Birth: _____ **Check One:** Client is a **Minor** Client is an **Adult**

Mobile Phone: _____ - _____ - _____ Home/Work Tel. _____ - _____ - _____

Email: _____

Street _____ City _____ State _____ Zip _____

School/University/Employer: _____

School District: _____

- Type of Matter:
- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> K-12 SPED/504 | <input type="checkbox"/> College Dismissal/Discipline | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Family | <input type="checkbox"/> K-12 Discipline | <input type="checkbox"/> Tort Claim |
| <input type="checkbox"/> Truancy | <input type="checkbox"/> WIAA/NCAA | <input type="checkbox"/> Misc./Other |

Parent/Guardian/Payors

Full Name: _____

Relationship to Student: Custodial Parent Non-Custodial Parent Other: _____

Mobile Phone: _____ - _____ - _____ Home/Work Tel. _____ - _____ - _____

Email: _____ Same address as student

Street _____ City _____ State _____ Zip _____

Full Name: _____

Relationship to Student: Custodial Parent Non-Custodial Parent Other: _____

Mobile Phone: _____ - _____ - _____ Home/Work Tel. _____ - _____ - _____

Email: _____ Address same as student

Street _____ City _____ State _____ Zip _____

How were you referred to our law firm?

Friend or Family Online search or lawyer directory

Another attorney Other: _____

Are you currently represented by an attorney in this matter? Yes No

If yes, please provide the name of the attorney here: _____

Are you currently involved in litigation for this matter? Yes No

If yes, please provide the case number here: _____

Will you need translation services to discuss your case with us? Yes No

If yes, what language? _____

Briefly describe the reason you are seeking legal assistance (Include date of incident if applicable):

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