



STINSON, LASSWELL & WILSON, L.C.  
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 WICHITA, KS 67202  
 (316) 264-9137 VOICE (316) 264-3791 FAX  
 WWW.SLWLC.COM

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

About You

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Office Phone (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

May we use the above information to contact you?  Yes  No

If not, please provide an alternate address and/or telephone number: \_\_\_\_\_

Emergency Contact (please list name, address and phone number): \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Driver's License (please list number and state where issued): \_\_\_\_\_

About Your Spouse

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Office Phone (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Today's consultation is regarding: \_\_\_\_\_

Opposing Party's Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Have you or any member of your family ever received legal services from one of the following:

- Yes  No T. Michael Wilson  Yes  No Douglas C. Cranmer  Yes  No Ashley A. Davis
- Yes  No Jeffrey N. Lowe  Yes  No Brian R. Carman  Yes  No Gerald D. Lasswell
- Yes  No Dale B. Stinson, Jr.

If you answered Yes to the above question, for what reason did the attorney represent you or your family member?  
 \_\_\_\_\_

By whom were you referred? \_\_\_\_\_