Robles Law, P.A.

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GENERAL QUESTIONNAIRE

INSTRUCTIONS: Answer all questions truthfully and completely. The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege.

| | Date: _ | |
|-------------------------------------|---------|---|
| MATTER INFORMATION | | |
| | | |
| Description of Matter: | | |
| | | |
| | | |
| | | |
| | - | |
| CLIENT INFORMATION | | |
| Your Name: | | |
| Home Address: | | |
| City: | State: | Zip Code: |
| County of Residence: | You l | have lived at current address since: |
| Home Phone: | | Home Facsimile No: |
| Cell Phone No: | | |
| E-mail Address: | | |
| | | |
| Date of Birth: | | Driver's License No:State/Country of Birth: |
| | | |
| Other names you have been known by: | | |
| Spouse Name: | | |
| Home Address: | | |
| City: | State: | Zip Code: |
| County of Residence: | You | have lived at current address since: |
| Homa Dhona: | | Homa Faccimila No. |
| Cell Phone No: | | Home Facsimile No: |
| Cell Phone No: F-mail Address: | | - |
| E-mail Address: | | |
| Soc. Sec.No: | | Driver's License No: |
| Date of Birth: | | State/Country of Birth: |

| Other names you have been known by: | | | | |
|---|----------------------------------|-----------|-----|--|
| Name of Emergency Contact, and Rela | ation to You: | | | |
| Home Address: | | | | |
| City: | State: | | | |
| Home Phone: | Work Phone: | | | |
| How did you hear about our office: | | | | |
| OTHER PARTY INFORMATION | | | | |
| Name: | | | | |
| Home Address: | - | | | |
| City: | State: | Zip Code: | | |
| County of Residence: | | - | | |
| Home Phone: | Facsimile No: | | | |
| Cell Phone No: | | | | |
| E-mail Address: | | | | |
| Are any of the other parties represented | d by an ATTORNEY in this matter? | Yes | _No | |
| If YES, please answer the questions b | elow: | | | |
| Name of Attorney/Firm: | | | | |
| City where office located: | Phone: | | | |
| Indicate if this or any other attorney he | as: | | | |
| Represented other party in other me | Yes | No | | |
| Provided advice or other services to | Yes | No | | |
| Provided advice or other services to you regarding other matters? | | Yes | No | |
| Talked with you in person or by tele | Yes | No | | |
| Sent letter or other written commun | Yes | No | | |
| Served papers (by a sheriff or process server) upon you in this case? | | Yes | No | |

Documents to Provide:

- Any and all relevant documents
- Any and all correspondence from the other party (if applicable)
- Written Summary of communications between yourself and the other party