CANNON LAW FIRM

ATTORNEY & COUNSELOR AT LAW

CHAD W. CANNON

WEATHERFORD OFFICE

220 FORT WORTH HWY #600 WEATHERFROD, TX 76086 PH: (817) 598-0482 FX: (817) 598-0485 LAWFIRMCANNON.COM

MINERAL WELLS OFFICE

102 NE 2ND STREET MINERAL WELLS, TX 76067 PH: (940) 327-8600 FX: (817) 598-0485

Client Information

Please provide the information requested and return it as soon as possible. It is important that you answer each question candidly and completely so that we can understand and assess your case.

If a question does not apply to your particular situation, please indicate by marking the question "N/A." If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet. Refer to the question number to which your answer applies and attach your answer to this form.

NOTICE OF CONFIDENTIALITY

The information provided is subject to the attorney-client privilege and attorney work product privileges and will be held in strict confidence. However, if a professional, including an attorney or an employee of an attorney, has cause to believe that a child has been abused or neglected or may be abused or neglected or that a child is a victim of an offense under Tex. Penal Code § 21.11, or that an adult was a victim of abuse or neglect as a child, the professional is required to make disclosure to the appropriate agency. Tex. Fam. Code § 261.101.

CLIENT INTAKE - GENERAL

Date:			
Name	DOB_		
Address	City	ST	ZIP
Home Ph:	Cell Ph:		
Email:			
Social Security#	Driver's I		_
Employer:	Occupation:		
Emp. Add:	En	ıp. Ph:	
Spouses Name			
Home Ph:			
Other important information:			
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