



**MOGREN, GLESSNER & AHRENS, P.S.**

*Attorneys At Law*

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CLIENT INFORMATION SHEET

**(PLEASE PRINT NEATLY AND FILL OUT COMPLETELY)**

Client's Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Bank: \_\_\_\_\_ **Is it ok to mail to the above address?** \_\_\_ Yes \_\_\_ No. (If no, please give us an alternate address for mailing): \_\_\_\_\_

Opposing Party's Name: \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Please briefly state the reason you are here: \_\_\_\_\_

\_\_\_\_\_

How did you find us:  Former Client  Internet Search  Family/Friend  
 Other Attorney  Yellow Pages  Other \_\_\_\_\_

**NOTE: There will be a minimum charge of \$75.00 for the first half-hour consultation. Thereafter you will be charged for all additional time at the attorney's hourly rate. ALL PAST DUE ACCOUNTS SHALL BEAR INTEREST AT 1% PER MONTH. A PAST DUE ACCOUNT IS ONE IN WHICH A STATEMENT IS SENT AND PAYMENT IN FULL IS NOT RECEIVED WITHIN 30 DAYS.**

DATED: \_\_\_\_\_ Signature: \_\_\_\_\_