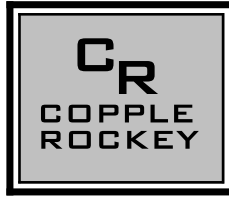


9300 UNDERWOOD AVE., SUITE 100
OMAHA, NEBRASKA 68114



2425 TAYLOR AVENUE • P.O. Box 78
NORFOLK, NEBRASKA 68701

COPPLE, ROCKEY, SCHLECHT, MASON & WERTH P.C., L.L.O.

DAVID E. COPPLE
ALLISON ROCKEY MASON
KATHLEEN KOENIG ROCKEY
MICHELLE M. SCHLECHT
SPENCER W. WERTH

PLEASE REPLY TO
NORFOLK ADDRESS

TELEPHONE 402.371.4300
TOLL FREE 888.860.2425
TELEFAX 402.371.0790
E-MAIL ATTYS@GREATADVOCATES.COM

DATE: _____ CLIENT FILE #: _____ FILE NAME: _____

CLIENT INFORMATION SHEET

CLIENT'S NAME: _____ PHONE: _____ (HOME)

ADDRESS: _____ (WORK)

CITY, STATE, ZIP: _____ (CELL)

COUNTY: _____ FAX NO. _____

EMAIL: _____ SOC. SEC. # _____

DRIVER'S LICENSE NO. _____ DATE OF BIRTH: _____

EMPLOYER OR BUSINESS: _____ PHONE: _____

ADDRESS: _____ POSITION: _____

EMAIL (WORK): _____

How long at present employment? _____

SPOUSE'S NAME: _____ PHONE: _____ (WORK)

SPOUSE'S EMPLOYER OR BUSINESS: _____ (CELL)

_____ SOC. SEC. # _____

_____ DATE OF BIRTH: _____

EMAIL: _____

NAMES OF MINOR CHILDREN BIRTH DATE SOCIAL SEC. NO. GENDER

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

PREFERRED METHOD OF BILLING:

Email

First Class Mail

ONLINE PAYMENT OPTION AVAILABLE AT OUR WEBSITE: <http://www.greatadvocates.com>

CURRENT BANKING INSTITUTION: _____

How do you intend to pay? _____ Cash _____ Check _____ Online _____

Credit Card _____

Name of person financially responsible for this account _____

Name of nearest relative not residing with you: _____

Address _____

Phone _____

Relationship to Client _____

Are you a previous client of Copple, Rockey, Schlecht, Mason & Werth P.C., L.L.O.:

_____ YES _____ NO

If Yes, when was the approximate date of the last service provided to you by this firm? _____

PLEASE TELL US HOW YOU LEARNED OF OUR FIRM:

Internet search

Newspaper ad

Yellow Pages

Radio ad

Primerus

Referred by _____

Other _____

REASON FOR VISIT: _____

DO NOT WRITE BELOW THIS LINE - ATTORNEY'S USE ONLY

TYPE OF CASE:

___ BANKRUPTCY

___ CORPORATION

___ DOMESTIC

___ GENERAL

___ INSURANCE

___ LITIGATION

___ REAL ESTATE

___ WILLS & ESTATES

___ CRIMINAL

___ CIVIL

___ WORK COMP

OUR CLIENT: ___ PLAINTIFF ___ DEFENDANT

OPPOSING PARTY(S):

POTENTIAL CONFLICTS:

STATUTE OF LIMITATIONS

DATE: _____

FEE AGREEMENT

UNIT BILLING _____

CONTINGENT _____

a. \$ _____ On completion

Percentages: _____% _____%
_____%

b. \$ _____ Monthly

CONTRACT SIGNED _____ YES _____ NO

PAYMENT: Date: _____

- Type: _____ Retainer (\$ _____) non-refundable
- _____ Earned Fee (\$ _____) including nonrefundable filing fees
- _____ Advanced Fee (\$ 150.00) Paternity/Custody
- _____ Advanced Expenses (\$ 85.00) Legal Separation/Annulment
- _____ Filing Fee (\$ 160.00) Dissolution of Marriage
- _____ Filing Fee (\$ 65.00) Modification of Decree

ATTORNEY INVOLVEMENT

PRIMARY ATTORNEY(S)

ASSISTING ATTORNEY(S)

DEC KKR

DEC KKR

MMS ARM

MMS ARM

SWW

SWW

REPRESENTATION OF CLIENT DECLINED _____ Yes _____ No

Reason: _____
