

LAW OFFICES OF LEO H. HERNANDEZ & ASSOC.
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Dear Client,

Please fill out this form COMPLETELY before a paralegal can give you your consultation. Afterwards you will be given an appointment to come meet with the attorney.

Today's date: _____

Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Emergency Phone numbers:

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Employers' Name: _____

Address: _____

City: _____ Zip Code: _____

Phone Number: _____

Who refer you to this office? _____

Reason for your visit? _____

Is this your first time opening a case with our office? _____

Signature: _____