

C H E K I A N L A W O F F I C E

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Client Information

Date _____

NAME (S)	(Last, First)	SSN
	Aka or DBA (if applicable):	
	(Last, First)	SSN
	Aka or DBA (if applicable):	
ADDRESS		
MAILING ADDRESS (if different from above)		
TELEPHONE	Home ()	Work #1 ()
	Fax ()	Work #2 ()
	Cell / Pager ()	
EMAIL	@	
OTHER FRIEND OR RELATIVE	Name	
	Relation	
	Telephone	
REFERRED BY	SBC Verizon Postcard LACBA Client Attorney LA Weekly Internet	
TYPE OF CASE	Other:	
RETAINER TERMS		
OTHER NOTES		

