

BASIC INFORMATION QUESTIONNAIRE

If you need additional space for an answer, you may use the back of a page. The completed questionnaire will be kept confidential and will remain in our possession. Please Print.

Date: _____

Referred by: _____

YOUR CURRENT PERSONAL INFORMATION

- 1. Full Name _____
- 2. Street Address _____
City _____ County _____ State _____ Zip _____
- 3. **ADDRESS FOR MAIL IF DIFFERENT THAN HOME ADDRESS** _____

- 4. Home Phone _____ Business Phone _____
E-mail _____ Cellular Phone _____
- 5. Social Security Number _____ Birthdate _____ Age _____
- 6. Length of Residence in Minnesota/North Dakota _____
- 7. Are you presently in the Military Service? _____
- 8. Previous Attorney _____

OPPOSING PARTY'S PERSONAL INFORMATION

- 11. Full Name _____
- 12. Street Address _____
City _____ County _____ State _____ Zip _____
- 13. **ADDRESS FOR MAIL IF DIFFERENT THAN HOME ADDRESS** _____

- 14. Home Phone _____ Business Phone _____
Pager _____ Cellular Phone _____
- 15. Social Security Number _____ Birthdate _____ Age _____
- 16. Length of Residence in Minnesota/North Dakota _____
- 17. Presently in the Military Service? _____
- 18. Previous Attorney _____