

**THE ELDER
LAW FIRM Davis Pagnano McNeil & Vigna, LLP**

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FIRST MEETING INFORMATION SHEET

Date: _____

Name: _____ Birth Date: _____

Address: _____

| City | State | Zip Code | County |
|------|-------|----------|--------|
|------|-------|----------|--------|

Telephone: (Home) _____ (Work, Cell, or Message) _____

(Fax) _____ (Email) _____

Social Security No.: _____ Occupation: _____ Marital Status: _____

Spouse/Partner: _____ Birth Date: _____

Social Security No.: _____ Occupation: _____

Telephone: (Work, Cell, or Message) _____

How did you learn about this law office? _____

Your reason for seeking legal advice: _____

If you are seeking advice for someone other than yourself, please give that person's name and your connection (for example, "son," "niece," or "power of attorney"):

Name: _____ Relationship: _____

Name(s) of other person(s) attending this meeting with your consent: _____

Person to be billed, if someone other than you:

Name: _____ Address: _____

Emergency Contact Information:

Name: _____ Telephone: _____ Relationship: _____

Please bring this sheet to the first meeting and give it to the lawyer.

Our office is wheelchair accessible.
Please help us meet your needs by telling us if you have a vision or hearing impairment.