



Michelle Thomas & Associates
ATTORNEYS-AT-LAW

MICHELLE A. THOMAS, C.LE., LL.B (Hons)

Shop 26E, 45 Elma Crescent
Boulevard Supercentre
Kingston 20

Tell: (876) 620-9717
Cell: (876) 446-4443
Fax: (876) 620-9686

Email: mich-015@Hotmail.com

Confidential Client Information Sheet

Date: _____

Name: _____

First

Middle

Last

Address: _____

TRN: _____ D.O.B: _____

Spouse: _____

First

Middle

Last

Spouse TRN: _____ Spouse D.O.B: _____

Phone Number (Please to include area code)

Home :(_____) Cell :(_____)

Work :(_____) EXT _____ Fax :(_____)

Email: _____

Your Employer: _____

Your Position: _____ Direct Supervisor (if applicable) _____

Employer Address: _____



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Nature of Your Legal Matter

- Estate Planning
- Business Corporate
- Civil Litigation
- Criminal Litigation
- Real Estate
- Employee
- Other: _____