



# REINKE TAYLOR

**Attorneys**  
Shawn C. Reinke  
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## BASIC CLIENT INFORMATION FORM

Please complete the following to the best of your ability.

Your information:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_      OK to leave voicemail? \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address:

## Opposing Party's Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address:

Is the opposing party represented by an attorney? If so, please list their name and any known contact information.

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