

# Cole LPA

**A LEGAL PROFESSIONAL ASSOCIATION**

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**INSTRUCTIONS:** Please complete this form with all applicable information and return it to our office upon arrival for your first meeting.

## NEW CLIENT INFORMATION

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

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

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Briefly Describe Your Legal Issue: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### FOR OFFICE USE ONLY

Client: \_\_\_\_\_

Matter: \_\_\_\_\_

Responding Attorney: \_\_\_\_\_

Assigned Attorney: \_\_\_\_\_

Referred By: \_\_\_\_\_

