

ATTORNEYS
Frank E. Morris
L. Jeanne Sockle
Paul C. Posadas
Katrina M. Otto

MORRIS  **SOCKLE**

3025 Limited Lane NW, Suite 200, Olympia, WA 98502

360.866.7100
fax 360.866.6840

PARALEGALS
Stephanie Baumann
Syndi Cook

ADMINISTRATOR
Jennifer Jenkins

YOUR INFORMATION:

Date: _____

Full Name: _____ Maiden Name: _____

Date of Birth: _____ Email: _____

Street Address: _____

City/State/Zip: _____

Can you receive mail from our office at the address above? Y / N

If not, please provide a Mailing Address _____

Phone: _____

Employer: _____ Occupation: _____

Employer Address: _____

Education Level *(Circle one)*: High School/GED Some College Associate's Degree Bachelor's Degree Master's Degree PhD

Income *(Circle one)*: < \$49,999 \$50,000-\$74,999 \$75,000-\$99,999 \$100,000-\$149,999 \$150,000-\$199,999 \$200,000 +

How were you referred to MORRIS-SOCKLE?

TV Radio Ad What Station? _____ Website Internet Search

Friend / Family _____ Other _____

SPOUSE/OPPOSING PARTY

Full Name: _____ Maiden Name: _____

Date of Birth: _____ Email: _____

Street Address: _____

City/State/Zip: _____

Mailing Address (if different): _____

Phone: _____

Employer: _____ Occupation: _____

Employer Address: _____

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CASE INFORMATION

Is there a pending court action? Y / N If so, what type of action? _____

In what county is your case filed? _____

Is the opposing party represented by an attorney? Y / N

If so, please list the name of the attorney: _____

Do you have minor children in common with the opposing party? Y / N How Many? _____

How can we help you? What are your primary goals in contacting our office? _____

ADMIN USE ONLY:

TY OK F/U NO F/U Mail OK E-Mail OK AFD Contract