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LONG BRIGHTBILL

ATTORNEYS AT LAW

TELE. (717) 272-6646

Client Information

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: _____ Cell Phone: _____

Email: _____

SSN: _____

Birth Date: _____ Marital Status: _____

Spouse/Significant
Other Name: _____

Phone: _____ Email: _____

Job Information (if services relate to employment)

Place of Work: _____ Title: _____

Supervisor: _____ Department: _____

Work Location: _____ Email: _____

Work Phone: _____ Cell Phone: _____

Mailing Address (if different from above)

C/O Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*