

**THE ELDER  
LAW FIRM Davis Pagnano McNeil & Vigna, LLP**

1015 NW 11<sup>th</sup> Avenue, Suite 243, Portland, Oregon 97209 tel 503.452.5050 fax 503.452.5054

FIRST MEETING INFORMATION SHEET

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

\_\_\_\_\_

City	State	Zip Code	County
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Telephone: (Mobile) \_\_\_\_\_ (Home/Work) \_\_\_\_\_

(Email) \_\_\_\_\_

Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Spouse/Partner: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Occupation: \_\_\_\_\_ Telephone: \_\_\_\_\_

How did you learn about this law office? \_\_\_\_\_

Your reason for seeking legal advice: \_\_\_\_\_

If you are seeking advice for someone other than yourself, please give that person's name and your connection (for example, "son," "niece," or "power of attorney"):

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

Name(s) of other person(s) attending this meeting with your consent: \_\_\_\_\_

Person to be billed, if someone other than you:

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

Emergency Contact Information:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

*Please bring this sheet to the first meeting and give it to the lawyer.*

Our office is wheelchair accessible.  
Please help us meet your needs by telling us if you have a vision or hearing impairment.