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Board Certified Criminal Law
Texas Board of Legal Specialization

Board Certified Personal Injury
Texas Board of Legal Specialization

Date:_____ Referred by:_____

Initial Interview Sheet

Name:_____ Age:_____ DOB:_____

Address:_____ Apt: _____

City:_____ State:_____ Zip: _____

Home Phone:_____ Work Phone: _____

Mobile Phone:_____ Email:_____

TDL:_____ SSN: _____

Employer:_____ Occupation:_____

Address:_____

Person who would know your whereabouts always

Name:_____ Relation:_____

Address:_____ Apt:_____

City:_____ State:_____ Zip:_____ Phone:_____

Reason for appointment

Subject Matter:_____

Brief Summary of Occurrence:_____

