



Attorneys Information Sheet

In order to maintain the database, please provide the following information.

Today's Date: _____ (dd-mm-yyyy)

Surname _____ Firstname _____ Gender: Male / Female
(Please circle one)

Name at admission _____

Marital Status _____ Date of Birth _____ (dd-mm-yyyy)

Business Information

Address _____

City _____

Telephone _____

Cellular _____

Fax _____

Email address _____

Law Firm _____

Signature of Lawyer/Attorney

Countries / date _____
where admitted _____

Indicate the area of specialty

ACCIDENTS AND INJURIES	EMPLOYMENT LAW
ADMIRALTY LAW	FAMILY, DIVORCE AND ELDER LAW
BANKRUPTCY	GENERAL PRACTICE
BUSINESS LAW	IMMIGRATION LAW
CONSUMER ISSUES	LITIGATION
CORPORATE LAW	REAL ESTATE AND CONSTRUCTION LAW
CRIMINAL LAW	WILLS, TRUST AND ESTATES
EMPLOYMENT LAW	

Indicate persons authorised to receive documents on your behalf
