



# Law Firms Information Sheet

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

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Today's Date: \_\_\_\_\_ (dd-mm-yyyy)

Name of Law Firm: \_\_\_\_\_

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

City: \_\_\_\_\_

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

Cellular: \_\_\_\_\_

Fax number: \_\_\_\_\_

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

**Please provide us with the names and signatures of the persons who are authorized to approve payments from your Direct Deposits**

_____ Name of Person	_____ Specimen Signature
_____ Name of Person	_____ Specimen Signature
_____ Name of Person	_____ Specimen Signature

**Indicate the area of specialty**

ACCIDENTS AND INJURIES  
ADMIRALTY LAW  
BANKRUPTCY  
BUSINESS LAW  
CONSUMER ISSUES  
CORPORATE LAW  
CRIMINAL LAW  
EMPLOYMENT LAW

EMPLOYMENT LAW  
FAMILY, DIVORCE AND ELDER LAW  
GENERAL PRACTICE  
IMMIGRATION LAW  
LITIGATION  
REAL ESTATE AND CONSTRUCTION LAW  
WILLS, TRUST AND ESTATES