

The Law Offices of Shelly B. West

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**GENERAL LITIGATION
INFORMATION SHEET**

Date of Consultation: _____ Referred by: _____
(today's date)

PLAINTIFF: (If you are filing a new case you are the Plaintiff.)

Full Name: _____

Birthdate: _____ Social Security Number: _____

Birth Place: _____ D.L. No. & State _____

Home Address & County: _____

Telephone Numbers: (Work): _____ (Home): _____

Other numbers: (Cell): _____ (Fax): _____

Business Name: _____

Business Address: _____

email Address: _____

DEFENDANT: (If you are responding to a case that was filed against you, you are the Defendant.)

Full Name: _____

Birthdate: _____ Social Security Number: _____

Birth Place: _____ D.L. No. & State _____

Home Address & County: _____

Telephone Numbers: (Work): _____ (Home): _____

Other numbers: (Cell): _____ (Fax): _____

Business Name: _____

Business Address: _____

email Address: _____

Other parties to lawsuit: (Please mark if they are the Plaintiff _____ or Defendant _____)

Full Name: _____

Birthdate: _____ **Social Security Number:** _____

Birth Place: _____ **D.L. No. & State** _____

Home Address & County: _____

Telephone Numbers: (Work): _____ (Home): _____

Other numbers: (Cell): _____ (Fax): _____

Business Name: _____

Business Address: _____

email Address: _____

Other parties: (Please mark if they are the Plaintiff _____ or Defendant _____)

Full Name: _____

Birthdate: _____ **Social Security Number:** _____

Birth Place: _____ **D.L. No. & State** _____

Home Address & County: _____

Telephone Numbers: (Work): _____ (Home): _____

Other numbers: (Cell): _____ (Fax): _____

Business Name: _____

Business Address: _____

email Address: _____

Next of Kin: _____ **Phone:** _____

Date of incident/event: _____

Briefly describe the events leading up to this lawsuit: (attach extra sheets if necessary) _____

Have you been to court before in this matter? _____

When and Why? _____

Cause No. (Case No.) and County of case _____
(Please provide the latest order, if any.)