



Client File No.: \_\_\_\_\_

## Consumer Dispute Questionnaire

Please give us some information about yourself and about your dispute. This will help us evaluate your case and decide what action to recommend to you.

Give as much detail as possible. If you need more room, attach extra pages.

### 1. CONTACT INFORMATION

Your name: \_\_\_\_\_ SSN: \_\_\_\_\_

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

Telephones: Work \_\_\_\_\_

Home \_\_\_\_\_

Mobile \_\_\_\_\_

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

Close relative or friend not living with you (to update your contact information, if needed):

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

Relative's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relative's Telephone: (     ) \_\_\_\_\_ - \_\_\_\_\_





**5. HAS THE DISPUTE CAUSED YOU ANY EMOTIONAL HARM?** (Emotional harm includes things such as aggravation, inconvenience, mental distress, discomfort, anxiety, loss of sleep, or depression. You may not have any emotional harm, but, if you feel that you do, please give details.)

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**6. WHAT DOCUMENTS DO YOU HAVE ABOUT THIS DISPUTE?** (This could be a receipt, a sales agreement, a contract, or anything else in writing. List and describe them and attach a photocopy--*not the originals*--to this Questionnaire.)

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**MORE INFORMATION ABOUT YOU**

Have you ever been involved in a lawsuit before?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details:

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Have you ever been convicted or pleaded guilty to a crime?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details:

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Have you consulted with any other attorney about this matter?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what are that attorney's name, address, and phone numbers?

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