POWER OF ATTORNEY INFORMATION FORM

CLIENT

		Race: _	Gende	er:
	State:	Zip:_		
Work Phone:		Cell Phone	e:	
	Occupati	on:		
e of	,	Cour	nty for	years
State of Birth:	Social S	ecurity Number	r:	
NTING POWER OF	ATTORNEY	BY CLIENT	' :	
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_ State: Cour	nty:	for	_ years	months
State of Birth:	Social S	ecurity Number	r:	
Work Phone:		Cell Phone):	
Attorney:				
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By submitting this form, the party submitting the form acknowledges no lawyer/client relationship exists until such time as the law firm / attorney formally agrees to accept representation and all necessary retainer fees and contracts for the agreed upon representation are paid and executed to the satisfaction of