

NOLAND LAW FIRM, LLC

Confidential Consumer Dispute Questionnaire

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Noland Law Firm, LLC
-2010-

INSTRUCTIONS

Please answer the following questions as fully and accurately as possible. A full and complete disclosure is critical. The following information will be needed in order to properly advise you and handle your case. Please print and fill out every applicable question. If a question is not applicable, please write N/A in the space. Do not leave blanks. This information will help us help you. This information will be kept confidential.

If you need more space, please attach another sheet and clearly indicate which question you are answering. If you are not certain about an answer, leave the space blank. If any question is not applicable, write "N/A" in the blank. You may wish to make a copy to retain for your own records.

You need to keep attorney advised as to your current address and phone number(s).

Any of the information provided to us by you in this questionnaire will be held in the strictest confidence by the Noland Law Firm, LLC.

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1. Personal Information - Client

Your full name:

(Last) (First) (Middle) (Maiden)

Have you ever been known by any other names? If so, what names?

Present address:

(Street or apartment number)

(City) (County) (State) (Zip Code)

How long have you lived at present address? _____

Mailing address, if different from above, for mail during pendency of case where spouse will not have access:

(Street) (City) (State) (Zip Code)

(Social Security No.) (Date of Birth) (Age) (Place of Birth)

Client's Contact Information:

(Home Phone) (Business Phone) (Mobile Phone)

(Fax Number) (Email Address)

Highest grade you completed in school:

(High School) (College) (Degree)

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Who referred you to this law firm? _____

Name, address, phone number and relationship of person knowing your whereabouts at all times:

2. Client's Employment Information

Are you presently employed? Yes _____ No _____

Name, full address, and telephone number of employer:

How long have you been so employed? _____

What is your job title? _____

If you are not presently employed, when and where were you last employed?

When: _____

Job Title: _____

Why was employment terminated? _____

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3. Personal Information - Spouse

Name of spouse:

(Last) (First) (Middle) (Maiden)

Spouse's address:

(Street or apartment number)

(City) (County) (State) (Zip Code)

How long has spouse lived at present address? _____

Mailing address, if different from above, for mail during pendency of case where spouse will not have access:

(Street) (City) (State) (Zip Code)

(Social Security No.) (Date of Birth) (Age) (Place of Birth)

Spouse's Contact Information:

(Home Phone) (Business Phone) (Mobile Phone)

(Fax Number) (Email Address)

Highest grade Spouse completed in school:

(High School) (College) (Degree)

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4. Spouse's Employment Information

Is your spouse employed? Yes _____ No _____

Name, full address, and telephone number of employer:

How long has spouse been so employed? _____

What is your spouse's job title? _____

If your spouse is **not** presently employed, when and where was your spouse last employed?

When: _____ Where: _____

Title: _____

Why was employment terminated? _____

5. Your Complaint

Please describe your complaint. Give details such as dates, the names (and phone numbers and addresses if you have them) of other people or companies that are involved.

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9. **What documents do you have about his 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.)

10. **Merchandise or Service** – If applicable, describe the merchandise or service you purchased in this dispute. (Provide any identification number such as the make and model, VIN number, model number, serial number, etc.)

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11. Witnesses - Who knows any facts about your dispute? (This could be a friend, a spouse, or even an employee of the company.)

Witness Name: _____

Address: _____

Witness Contact Information:

(Home Phone) (Business Phone) (Mobile Phone)

(Fax Number) (Email Address)

What this person knows: _____

Witness Name: _____

Address: _____

Witness Contact Information:

(Home Phone) (Business Phone) (Mobile Phone)

(Fax Number) (Email Address)

What this person knows: _____

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12. More Information About You

Have you ever been involved in a lawsuit before? Yes _____ No _____

If yes, give details:

Have you ever been convicted or pleaded guilty to a crime? Yes _____ No _____

If yes, give details:

Have you consulted with any other attorney about this matter? Yes _____ No _____

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

Do you have any agreement of any kind with that attorney? Yes _____ No _____

If yes, give details:

Have you ever filed for bankruptcy? Yes _____ No _____

If so, when?

Are you planning or considering filing for bankruptcy in the next 6 months?

Yes _____ No _____

YOU MUST NOTIFY YOUR ATTORNEY IF YOU ARE CONSIDERING OR IF YOU OR YOUR SPOUSE FILE FOR BANKRUPTCY.

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Is there anything else about your dispute that you have not already described?

DATE: _____ CLIENT _____

THIS INFORMATION IS CONFIDENTIAL AND ONLY FOR THE USE OF NOLAND LAW FIRM, LLC.

End of questionnaire

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