



**Attorneys at Law**  
152 Colorado Avenue  
Montrose, CO 81401

**Phone: 970-249-7000**

**Fax: 970-249-8440**

**New Case Memo**

(The information provided in this memo is confidential and for office purposes only)

**Client Information:**

**File No.** \_\_\_\_\_

Date: \_\_\_\_\_ Client(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Would you like to receive your statement via:  **Email** or  **U.S. Mail**

SS No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Billing Address If Different from  
Above: \_\_\_\_\_

Employer: \_\_\_\_\_

**We may request a copy of your Driver's license for identification purposes**

**Case Information:**

Nature of the case and services to be performed:

\_\_\_\_\_  
\_\_\_\_\_

Opposing Party: \_\_\_\_\_

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

Attorney: \_\_\_\_\_

Other Persons Involved:

\_\_\_\_\_