## HOWARD&CARR, PLLC

File No:		Date	Date file opened:	
Client Name: _				
Address: _				
Telephone: (	Н)	(W)	(C)	
Email:				
Where client pref	fers to be contacted	1:		
Spouse's name: _				
Name of opposin	g party:			
Address:				
Name of associat	ed and/or related p	arties:		
Name of current	opposing counsel:			
Address:				
Brief description	of the case:			
Legal category th	at applies:			
Adoption:	Re	me Change: al estate: affic ticket: GAL:	Corporations: Medicaid Plan	 ning:
How referred: Phone: Bar referral:	Advertising Court assig	g: nment:	Former client:	