

The Law Office of
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Welcome to our office! By completing this client information sheet, you will help us to serve you more efficiently.
Thank you for selecting our office. Please complete all information as completely as possible.

Date: _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ E-Mail: _____

Primary Phone: (_____) _____ Alternative Phone: (_____) _____

Social Security No.: _____ Date of Birth: _____ Driver's License No.: _____

Employer's Name: _____ Employer's Address: _____

City: _____ State: _____ Zip Code: _____ Phone: (_____) _____

Date of Marriage: _____ Date of Separation: _____

Opposing Party/Spouse:

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ E-Mail: _____

Primary Phone: (_____) _____ Alternative Phone: (_____) _____

Social Security No.: _____ Date of Birth: _____ Driver's License No.: _____

Employer's Name: _____ Employer's Address: _____

City: _____ State: _____ Zip Code: _____ Phone: (_____) _____

Minor Children:

Name	Date of Birth	Social Security No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

For office use only—

Consult fee paid: _____ Conflict check on: _____ Retainer paid on: _____ In the amount of: _____