

LAW OFFICES OF JAMES E. MISCAVAGE

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Attorney

James E. Miscavage

GENERAL CONSULTATION QUESTIONNAIRE

Your Name _____ Spouse's Name: _____

Mailing Address _____

Email Address _____

Age _____

Phone (Home) _____ (Work) _____ (Cell) _____

Residence County _____

Employer's Name _____

Occupation _____

Do you have any children? Yes () No ()

Do you currently have an attorney? Yes () No () If so, whom? _____

Briefly state your reason for this visit _____

Please bring with you all documents you have that are relevant to your question.

Do you have a Will? Yes () No () Husband/Wife Pkg: \$275 Single individual Pkg: \$225

How did you find the attorney?

Referred by _____ Live in Neighborhood/Saw Sign _____

Saw Advertisement in _____ Visited Attorney's website _____

Google _____ Other search engine/ internet _____

Past client of Attorney _____