



DARRELL DEPUTY, JR. (1942-2019) • DANIEL C. MIZELL  
 CODY EDWARDS • DEREK S. BROWN

CLIENT INFORMATION

Client Name: \_\_\_\_\_  
                                     First                                      Middle                                      Last

Any Other Names Used: \_\_\_\_\_  
   First                                      Middle                                      Last

Client's DOB: \_\_\_\_\_ Client's SSN: \_\_\_\_\_

Client's Address: \_\_\_\_\_  
   Street/ P.O. Box  
   \_\_\_\_\_  
   City, State    Zip Code

Driver's License # \_\_\_\_\_ Expiration: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Who Referred You: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
   Name    Phone Number

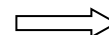
Case Type: \_\_\_\_\_ Date of Injury \_\_\_\_\_

Was a Police Report made? Yes \_\_\_\_ No \_\_\_\_ If yes, what Police Dept? \_\_\_\_\_

Today's Date: \_\_\_\_\_ Medicare or Medicaid Recipient: \_\_\_\_\_

SMS Notifications [ ] By checking this box you are agreeing to receive SMS notifications for court date, appointment and payment reminders from Deputy and Mizell LLC. Message and data rates may apply, message frequency may vary. Your phone number will not be shared with third parties for marketing or promotional purposes. You may opt in at any time by sending the word START to 417-532-1268. You may opt out anytime by sending the word STOP to 417-532-1268. For help or support, send the word HELP to 417-532-1268. Please visit [www.deputyandmizell.com/privacy](http://www.deputyandmizell.com/privacy) to review our privacy policy.

[www.deputyandmizell.com](http://www.deputyandmizell.com)



LEBANON OFFICE:  
 120 EAST SECOND STREET • LEBANON, MISSOURI 65536  
 Mailing Address: P.O. Box 689  
 Telephone: 417-532-2191 • Facsimile: 417-532-8077

CAMDENTON OFFICE:  
 16 CAMDEN COURT N.E. • CAMDENTON, MISSOURI 65020  
 Mailing Address: P.O. Box 3319  
 Telephone: 573-346-9990 • Facsimile: 573-346-9884

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**Client's Agreement to Keep Attorney Informed**

Client agrees to promptly provide attorney with new client contact information should Client's contact information change. This information shall specifically include Client's new mailing address, electronic mail address, or phone number

Date

Client's Signature

**Client's Acknowledgement Concerning Electronic Mail Transmissions**

Client agrees and understands:

- A. Attorney is specifically authorized to contact Client via electronic mail.
- B. E-mail is not completely secure method of communication.
- C. Any e-mail between us will be placed in an electronic stream of data serviced by Internet Service Providers (ISP's) and other intermediaries. Hence, any of our e-mails might be copied and retained for a time by various ISP systems or other parties/computers in the stream, and including, if you are writing from work, your employer.
- D. Hackers, that is, persons not lawfully participating in this communication, might intercept our communications by improperly accessing you computer, my computer, your employer's computer, or some remote computer in the data stream.
- E. Attorney will write to Client by e-mail at the address that Client provides to Attorney.
- F. If Client wants future communications to be sent in a different medium, Client must inform Attorney in writing.

Date

Client's Signature

**ATTORNEY USE ONLY**

Representation Accepted? Yes\_\_\_\_ No\_\_\_\_

Other (Specify) \_\_\_\_\_

Attorney(s) to Represent: \_\_\_\_\_

Fees Quoted/Agreed Upon: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_