

# CLIENT ENCOUNTER FORM

Please take a minute to answer the following questions so we can properly document your file and better assist you:

I AM HERE TO SEE:

John A. DeCamillis  
Robert D. Mattingly

Amanda L. Hartley  
J. Douglas Mory

DATE & TIME:

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NAME:

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ADDRESS:

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PHONE #:

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CELL PHONE:

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REASON FOR VISIT (circle all that apply):

Drop off document

Pick up documents

Office visit with attorney / paralegal

Make payment

Sign documents

Schedule an appointment

Other (please be specific):

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