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## CLIENT CONTACT SHEET

Please complete the following to the best of your ability:

Your Name: \_\_\_\_\_

Your telephone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_      OK to leave Voicemail?  
\_\_\_\_ Yes      \_\_\_\_ No

Your email address: \_\_\_\_\_

Your mailing address:

Emergency Contact Name<sup>1</sup>:

Emergency Contact Phone Number:

Opposing Party's Name: \_\_\_\_\_

Opposing Party's Telephone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Opposing Party's Email: \_\_\_\_\_

Opposing Party's mailing address:

If the Opposing Party has an attorney, who is the attorney? \_\_\_\_\_

<sup>1</sup> Please provide the name and telephone number of an emergency contact. This person will not receive information regarding your case, but this person may be called in the event the Firm is unable to reach you in a time-sensitive situation.

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Tel: (651) 649 - 1465