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**CLIENT INTERVIEW FORM**  
**ADDITIONAL WITNESS INFORMATION**

**YOUR INFORMATION**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

**WITNESS INFORMATION**

**Witness**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (home): \_\_\_\_\_

Phone (cell): \_\_\_\_\_

Email Address: \_\_\_\_\_

Can Testify To/About: \_\_\_\_\_

**Witness**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (home): \_\_\_\_\_

Phone (cell): \_\_\_\_\_

Email Address: \_\_\_\_\_

Can Testify To/About: \_\_\_\_\_

**Witness**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (home): \_\_\_\_\_

Phone (cell): \_\_\_\_\_

Email Address: \_\_\_\_\_

Can Testify To/About: \_\_\_\_\_