**Law Firms Information Sheet**

In order to maintain the database, please provide the following information.

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Today’s Date: _______________ (dd-mm-yyyy)

Name of Law Firm: ________________________________

Address: ________________________________

City: ________________________________

Telephone: ________________________________

Cellular: ________________________________

Fax number: ________________________________

Email Address: ________________________________

Please provide us with the names and signatures of the persons who are authorized to approve payments from your Direct Deposits

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<thead>
<tr>
<th>Name of Person</th>
<th>Specimen Signature</th>
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**Indicate the area of specialty**

ACCIDENTS AND INJURIES  EMPLOYMENT LAW
ADMARALTY LAW  FAMILY, DIVORCE AND ELDER LAW
BANKRUPTCY  GENERAL PRACTICE
BUSINESS LAW  IMMIGRATION LAW
CONSUMER ISSUES  LITIGATION
CORPORATE LAW  REAL ESTATE AND CONSTRUCTION LAW
CRIMINAL LAW  WILLS, TRUST AND ESTATES
EMPLOYMENT LAW

*Belize Court Management System (BCMS)*

FORM:FRS-2012
JAN-25-2012