

NEW CLIENT INFORMATION SHEET FOR CONSULTATION

Your Full Legal Name _____

Address: _____
Street City/State Zip Code

Date of Birth: _____ SSN: _____
(Optional – for identification purposes only)

Email Address: _____

Home Phone: _____

Cell Phone: _____ Preferred number to call? _____

Fax: _____ Are you a Veteran Yes No

Is it okay for us to identify ourselves and leave a message at the above numbers? _____

Employer: _____ Address: _____

Work hours: _____ Work Phone: _____

Emergency Contact:

Name _____ Relationship _____ Telephone _____

Brief statement of what legal service is needed: _____

Name of opposing party: _____

Are you currently represented by an attorney? _____

If so, who is it? _____

Who referred you to our office? _____ How did you hear of us? Yellow Pages
Website Other _____

I understand that I have not retained this law firm until I sign a fee agreement and pay a retainer.

I understand that payment IS DUE AT THE CONCLUSION OF THE CONSULTATION APPOINTMENT. The initial consultation appointment reduced rate is \$200 for Lynn Shepard and \$150 for the Associate Attorney up to the first hour. If the initial consultation extends beyond one hour, I agree that I will pay for the additional time at the rate of \$275 per hour for Lynn Shepard and \$200 per hour for the Associate.

Date: _____ Signature: _____

FOR OFFICE USE ONLY

Fee arrangement:
Billing arrangement:

File opened by: _____ Conflicts checked by: _____ Deadlines docketed by: _____

Fee Agreement sent by: _____ Date entered in TimeMatters: _____