

**NEW CLIENT INFORMATION SHEET FOR CONSULTATION**

Your Full Legal Name \_\_\_\_\_

Address: \_\_\_\_\_  
Mailing Address City/State Zip Code

Address: \_\_\_\_\_  
Street Address City/State Zip Code

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

Email Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Preferred number to call: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ May we identify ourselves at this number: \_\_\_\_\_  
Fax: \_\_\_\_\_ Are you a Veteran  Yes  No

We send out client copies of documents; what is your preferred method of receipt:  Email  US Postal

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 \$300 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: \_\_\_\_\_