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CLIENT INFORMATION SHEET

Please fill this form out as completely as possible. You can fax or email it back to us, or you can bring it with you to your appointment. This form is extremely important. Your accuracy and completeness in responding will help us make the best plans for you.

Please list your specific questions for the Attorney at the end of the last page. All responses are protected by Attorney/Client privilege and will be held in strictest confidence.

Your Full Name:

First

Last

Do you use any other names or nicknames? _____

Street Address: _____

City _____ State _____ Zip Code _____

Telephone Numbers: Cell: _____ Home: _____

Work: _____

E-mail address: _____

Date of Birth: _____ Social Security Number(Optional): _____

How did you hear about or find us? _____

List the Address/County/City where matter takes place _____

Please provide a brief explanation of the matter for which you need assistance:

What are your goals? What do you want to happen?

Questions to ask attorney:

Are you currently or have you ever been represented by an attorney? Yes _____ No _____

If yes, who and are they still representing you? _____

Please give a brief explanation of the circumstance for that case:

Please classify your urgency in concluding this matter. (Check One)

- Critical- Personal Safety or Serious Medical Condition.
- Very Important- Traveling in the near future, hardship, etc.
- Important- Traveling soon, future medical procedures, change in life status, birth of child.
- Needs to be done, but no immediate hardship or urgency.
- Just want to be sure my documents are up-to-date and cover my current needs and wishes.

PLEASE READ CAREFULLY & SIGN:

Following your initial consultation, you will sign a Retainer Agreement if you agree to hire the Attorney and the Attorney agrees to represent you. That Agreement will set forth the terms and conditions of representation.

NOTICE: This firm does not represent you until a Retainer Agreement is executed in writing.

If the Attorney is willing to represent you and you decide not to sign the Retainer Agreement concluding your appointment, you are strongly urged to schedule a second appointment with the Attorney at the earliest possible time or to immediately consult with other legal counsel to protect your rights.

If for whatever reason the Attorney is unable to represent you, the Attorney does not represent you with regard to any of the information set forth by you on this information form or any other matters you may have discussed with the Attorney during your consultation. If your legal problems involve a potential lawsuit, it is important that you realize a lawsuit must be filed within a certain period of time called a Statute of Limitations. Therefore, the Attorney strongly urges you to immediately consult with another Attorney to protect your rights. The Attorney's inability to represent you should not be taken by you as an expression regarding the merits of your case.

Your signature below acknowledges that you believe the information you have provided to be accurate and understand that submission of this information does not create an Attorney-Client relationship.

SIGNATURE:

DATE:

This portion to be completed by the Attorney

Potential Client(s): _____

Others in attendance: _____

Today's date: _____

- Will represent
- Will Investigate and report (Schedule a follow-up conference for _____ days)
- Representation declined by: Attorney Party
- Party will get back to us – No action will be taken, and party was so informed.

