

## Initial Client Consultation Form

The purpose of an initial consultation is for the attorney to advise you, the *prospective* client, if anything may be done for you, and what the minimum fee will be. *The purpose is not to render a definitive legal opinion* because it might not be possible to adequately assess your issue within the time frame allotted for consultation or with the information or documents that you provide at the initial consultation. Additionally, there is a **\$75.00** consultation fee that **MUST** be paid by either cash or credit card before or at the beginning of the appointment.

One of three outcomes is possible following your consultation.

1. **You and the Attorney mutually agree to the terms of representation, or**
2. **The Attorney declines representation, or**
3. **You decide not to use the services of the Attorney.**

Please answer the following questions so we may understand the reason for your visit. Your responses are protected by attorney/client privilege and will be held in strict confidence. Please **type** response.

Name: \_\_\_\_\_  
                    Last                                    First                                    Middle                                    Maiden

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

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

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

**Preferred method of contact:** Phone Email Text Message Mail

Briefly explain what you may need advice about or assistance with today:

Are there other parties involved? (e.g.: friend, neighbor, person who entered into a contract etc. anybody who is going to be a part to the case.)

Party: \_\_\_\_\_

Relationship: \_\_\_\_\_

Party: \_\_\_\_\_

Relationship: \_\_\_\_\_

Party: \_\_\_\_\_

Relationship: \_\_\_\_\_

List the documents or papers that you think may help us to understand the issues.

1.

2.

**NOTE:** you must bring the original documents and a copy for the attorney to the consultation. The original will be returned to you at the end of the initial consultation.

Are we the first attorneys you have consulted regarding this matter? Yes  No

If **NO**, why didn't you hire their services?

Marital Status:  Married  Single  Divorced  Widowed  Separated

Driver's License # \_\_\_\_\_

Are you known by any other names? Yes  No

If yes name(s) \_\_\_\_\_

(A fictitious name, a nickname, a former name, your maiden name etc.)

Where are you employed? \_\_\_\_\_

May we contact you there? Yes  No  Phone: \_\_\_\_\_

If your mail is returned as undeliverable or your telephone service terminated, please provide the name of someone (friend or relative) you believe will always know how to contact you.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ State & Zip: \_\_\_\_\_

Phone # \_\_\_\_\_

How did you learn of our office? \_\_\_\_\_

**PLEASE READ CAREFULLY & Sign Below**

Following your initial consultation, if you agree to hire the Attorney, and the Attorney agrees to represent you, you will both sign an Agreement for Representation. The Agreement for Representation will set forth the terms and conditions of representation.

If the Attorney is willing to represent you and you decide not to sign an Agreement of Representation at the time of consultation, 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.

**NOTICE: This office does not represent you with regard to the matters set forth by you in this information sheet or discussed during our consultation, unless and until, both you and the Attorney execute a written Agreement for Representation AND a retainer fee is paid.** If the Attorney does not agree to represent you, this includes not representing you with regard to the matter set forth by you on this information sheet, or any other matter(s) you may discuss with the Attorney during your consultation. If your legal problem(s) involve a potential lawsuit or potential claims in a lawsuit, it is important that you realize a lawsuit or claim must be filed within a certain period of time called a Statute of Limitations or Claims Bar date. Therefore, the Attorney strongly urges you to ***immediately*** consult with another attorney to protect your rights. The Attorney's decision not to represent you should not be taken by you as an expression regarding the merits of your case.

**Your signature acknowledges only that you received a copy of this completed information sheet and does not mean you have hired the Attorney.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name \_\_\_\_\_