NEW CLIENT INFORMATION SHEET

	TODAY'S DATE	
Client's Full Name	DOB#	
Spouse Name:	Spouse's DOB:	
Street Address		
Mailing Address (if different)		
City/State		Zip
Telephone (Home) Tele		
Email:		
Preferred Contact Method: ☐ Email	□ Phone □ Regular N	
Client's Employer:	Spouse's Employer	
Emergency Contact(s):		
Name	Relationship	Telephone
How did you hear about us?		
Conference With Attorney Regarding:		
Adverse Party:		
*We highly recommend that you do not u		
Initial (The minimum fee is \$150 for up to one half	Consultation Fee & Te	
AMEX) is due prior to today's interview. Be		
half hour, depending on the attorney working	-	_
of 9% per annum from the due date. Any re-		
Other than this initial consultation, we will a	accent no case, and do	no work for you of any kind without a
separate written agreement signed by you ar	<u> </u>	
and costs associated with the case. This wor		
I have read this agreement and agree to tl	ne terms and condition	ns as stated. There are no verbal
agreements modifying or expanding the to	erms of this agreement	t.
[Client]		[Date]