

BASIC CLIENT INFORMATION FORM

Consultation Fee Agreement

I understand that there will be a \$350.00 per hour consultation fee, and that I am responsible for paying the consultation fee regardless of whether I decide to take any legal action or not. I also understand that no legal action will be undertaken prior to the signing of an employment contract, which contains provisions for a retainer fee, by both myself and the attorney.

(Signature)

(Printed Name)

Date: _____

PERSONAL INFORMATION:

1. Please give your full legal name, date and place of birth, Driver's License number, and Social Security Number.

a. Full Legal Name: _____
(first) (middle) (last) (maiden)

b. Date of birth: _____ / Age _____

c. Place of birth: _____

d. Social Security Number: _____

e. Driver's License Number. _____

2. Where are you living now?

a. Address: _____

b. City, state, zip: _____

Do you want to receive mail at this address? YES ____ / NO ____

** MAILING ADDRESS IF DIFFERENT FROM HOME ADDRESS: **

a. Address: _____

b. City, state, zip: _____

Note regarding updates to information:

It is often important for us to talk to you on short notice. Due to the nature of many legal issues, our clients occasionally move, change jobs, and/or obtain unlisted telephone numbers. Please keep us informed of any change in the above information. Any charges incurred or time expended for forwarding and address correction and telephone correction will be charged to the client's account.

3. Please give your cellular telephone number:
Alternate telephone: _____ (Describe: _____)
E-Mail: _____
4. Please complete the following concerning your employment and education.
- a. Employer: _____
 - b. Job title: _____
 - c. Street address: _____
 - d. City, state, zip: _____
 - e. Telephone number: _____
 - f. E-mail address: _____
 - f. Gross salary per month or annually: \$ _____
 - g. Net (take home) salary per month or annually: \$ _____
 - h. Length of employment: _____
 - i. Education: _____

EMERGENCY CONTACT INFORMATION:

Please provide us with the following information for a person who can be reached in case of an emergency:

- a. Name: _____
- b. Telephone number: _____
- c. Email Address: _____
- d. Address: _____
- e. Relationship to you: _____

LEGAL ISSUES/EXPECTATIONS:

(If additional space is needed please continue on back)

Please give a brief description of the issues for which you are seeking legal advice: _____

Please state your expectations regarding your legal issues: _____

OPPOSING INDIVIDUAL/ENTITY

If the legal issues you are seeking advice regarding will be opposed by another individual or entity, please provide any of the following information that is available to you:

Name of Individual/Entity: _____

Alias (includes former name): _____

Address: _____

(Or General Location if Address Unknown)

Telephone Number: _____

Email Address: _____

Date of Birth: _____ Age: _____ (Approximate if unknown)

Place of Birth: _____

Employer: _____

Employer Address: _____

Employer Telephone Number: _____

Spouse/Partner name: _____

Person/Entity's relationship to your Legal Issues: _____

Any other information that may be relevant to this person or entity: _____

REFERRAL:

How, or by whom, were you referred to this office? _____