

Attorney: _____

_____ Follow-up with Client Requested on:

DATE: _____

FILE NO.: _____

CLIENT INFORMATION

NAME: _____ SPOUSE NAME: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ FAX: _____

CELL PHONE: _____ SPOUSE CELL: _____ EMAIL: _____

SOCIAL SECURITY NO.: _____ DOB: _____ MARITAL STATUS: _____

SPOUSE SOC SEC NO.: _____ SPOUSE DOB: _____

IS SPOUSE DECEASED: ___ YES or ___ NO DOD: _____

ARE YOU A: NEW CLIENT: _____ OR PRESENT/RETURNING CLIENT: _____

ARE YOU A VETERAN or SPOUSE OF A VETERAN? Yes _____ or No _____

REFERRAL SOURCE: _____

OTHER PARTIES:

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

CITY/STATE: _____ CITY/STATE: _____

PHONE: _____ PHONE: _____

SOC SEC #: _____ SOC SEC #: _____

DATE OF BIRTH: _____ DATE OF BIRTH: _____

TYPE OF CASE - PLEASE CIRCLE BELOW:

ESTATE/PROBATE - WILLS/ESTATE PLANNING - TRUST - REAL ESTATE

ELDER LAW - CONSERVATORSHIP - MISCELLANEOUS: _____

PURPOSE OF VISIT: _____

I agree to pay all fees and expenses for services rendered, including but not limited to the initial consultation fee of \$250 and all services thereafter which shall be billed at the rate of \$300/hour. I understand that payment is due at the time services are rendered.

CLIENT

CLIENT

NEXT APPOINTMENT: _____