

DATE: \_\_\_\_\_, 20\_\_\_\_\_

*KINDLY COMPLETE THIS FORM. IT WILL ASSIST US IN HANDLING YOUR LEGAL MATTERS.*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DRIVER'S LICENSE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

IN CASE OF EMERGENCY: \_\_\_\_\_ PHONE: \_\_\_\_\_

*GENERAL NATURE OF LEGAL REPRESENTATION SOUGHT.*

\_\_\_\_\_ FAMILY LAW (DIVORCE/PATERNITY) \_\_\_\_\_ OTHER \_\_\_\_\_

*HOW DID YOU COME TO CONTACT THIS LAW OFFICE? REFERRED BY:*

\_\_\_\_\_ INDIVIDUAL \_\_\_\_\_

\_\_\_\_\_ ANOTHER ATTORNEY \_\_\_\_\_

\_\_\_\_\_ STATE BAR ASSOCIATION \_\_\_\_\_ INTERNET

\_\_\_\_\_ Other \_\_\_\_\_

*DO NOT WRITE BELOW THIS LINE \*\*\* FOR OFFICE USE ONLY \*\*\**

RATE: \$ \_\_\_\_\_ \$ \_\_\_\_\_ ( ) CONTINGENT  
          HOURLY                      FLAT

RETAINER: \$ \_\_\_\_\_ ( ) PAID \$ \_\_\_\_\_ ( ) BILLED \$ \_\_\_\_\_

CONTRACT SIGNED ( )



