



CLIENT INFORMATION

Date: _____

Name: _____
(Last) (First) (MI)

Address: _____ (apartment/suite #)

(city) (state) (zip code)

Phone #: _____ (home) _____ (work)
_____ (cell) _____ (fax)

Email: _____

Billing Address: _____ (apartment/suite #)

(city) (state) (zip code)

Briefly state the purpose for your visit: _____

TO BE COMPLETED BY ATTORNEY

Files: CORR PLEAD DISCOVERY NOTES RESEARCH

File Number: _____

Re: _____

Originating Attorney: _____

Primary Attorney: _____ Hourly Rate \$ _____ Flat Fee & Costs \$ _____

Secondary Attorney: _____ Hourly Rate \$ _____ Contingent Fee: Yes/No

Billing Rate Code: _____

Special Instructions: _____

(circle any that apply) Put File on Hold No Finance Charge