## **NEW CLIENT INFORMATION SHEET**

The purpose of an initial consultation is to assess whether my legal services can be of use to you and, if so, to discuss the fees for my services. It may not be possible to make that determination given the time allotted for our meeting or with the information that you can provide. Following our consultation, you may decide not to retain me or I may decline to represent you. For me to act as your attorney, you and I must agree in writing to the terms of my representation.

		TODAY'S DATE
Client's Full Name		SS#
Client's Former Name/ Other Names Use	d	
Spouse's/Partner's Full Name		SS#
Spouse's/Partner's Former Name/ Other	Names Used	
Street Address		
City/State	_ Zip	E-mail Address
Telephone (Home)	Client Work	Spouse/Partner Work
Client's Employer	Sp	ouse's/Partner's Employer
Emergency Contacts:		
Name	Relationsh	ip Telephone
Name	Relationsh	ip Telephone
Why You Chose Our Office		
Conference With Attorney Regarding:		

## FOR OFFICE USE ONLY

Fee arrangement: Billing arrangement:

 DOCKET CONTROL
 CONFLICT CONTROL

 Statute of Limitations Deadline
 NAME
 RELATIONSHIP

 Tort Claims Act Notice Due
 Image: Constant of the state of the

 File opened by\_\_\_\_\_
 Conflicts checked by\_\_\_\_\_
 Deadlines docketed by\_\_\_\_\_

 Engagement letter sent by\_\_\_\_\_
 Date:\_\_\_\_\_\_