

INITIAL CLIENT INFORMATION

TODAY'S DATE: _____

PREFERRED METHOD OF COMMUNICATION AND BILLING: EMAIL _____ MAIL _____

EMAIL ADDRESS: _____

FULL LEGAL NAME: _____ DOB: _____

SPOUSE'S FULL LEGAL NAME: _____ DOB: _____

YOUR SS# _____ SPOUSE'S SS# _____

MAILING ADDRESS: _____

CITY, STATE AND ZIP CODE: _____

BEST TELEPHONE NUMBER TO REACH YOU: _____

CURRENT EMPLOYER: _____ POSITION: _____

HOW DID YOU HEAR ABOUT US? _____

CLIENT AGREEMENT

Payment of your account is due in full within thirty (30) days of billing. If an amount is not paid within 60 days of the billing date, we reserve the right to terminate representation of you without notice, unless acceptable, written payment arrangements are made before the 60th day and strictly abided by. In such a situation, client agrees that the matter can be turned over to collections.

NOTE: If our work is completed and you have not come in to sign documents, a bill for attorney fees will be sent as though the matter has been completed.

SIGNING BELOW MEANS YOU HAVE READ, FULLY UNDERSTOOD AND AGREED TO THE ABOVE.

X _____
SIGNATURE

X _____
SIGNATURE