

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Statute of Limitations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **INITIAL CLIENT CONSULTATION INTERVIEW FORM - CIVIL** |
| |  | | --- | | The purpose of an initial consultation is for the attorney to advise you, the prospective client, what, if anything, may be done for you and what the minimum fee for those services will be. The purpose is not to render a definitive legal opinion, as it may be impossible to fully assess a matter within the time frame allotted for a consultation or with the information and documents available to the attorney at the initial consultation. | | **Your responses will be held in strict confidence.** | |
| Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Are there other parties involved? (Examples: a friend, an employer, a neighbor, signor of a contract, etc. This should include people or parties on either side of your issue.)  Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date of Incident/Loss:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Personal Injury: \_\_\_ Breach of Contract: \_\_\_ Collection: \_\_\_ Real Estate: \_\_\_\_\_ Insurance: \_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Value of Case /  Amount of Damage: | Less than $10,000 \_\_\_\_\_\_\_\_\_\_\_  $10,000 - $25,000 \_\_\_\_\_\_\_\_\_\_\_  Over $25,000 \_\_\_\_\_\_\_\_\_\_\_ | Date you were served  with Complaint/documents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Personal: \_\_\_\_\_\_  Sub-Serve: \_\_\_\_\_\_ |

**Brief Facts of Case:**

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| On the lines below, list the documents (papers) that you think may help us to understand the issues.   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   NOTE: Any documents you supply that are important to your matter will be photocopied with your permission, and your originals will be returned to you at the conclusion of the initial interview. | |
| Are we the first attorneys you have consulted regarding this matter?    Yes \_\_\_\_\_ No \_\_\_\_\_\_ | Have you ever been represented by an attorney before?  Yes \_\_\_\_\_ No \_\_\_\_\_\_ |
| How will you pay for your attorney's fees in this matter?  Check \_\_\_\_ Cash \_\_\_\_ Contingency Fee \_\_\_\_ Credit Card \_\_\_\_\_  Type: AMEX / VISA / MC / DISCOVER  Card No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Exp. Date: \_\_\_\_\_\_\_\_ Security: \_\_\_\_\_\_\_\_ | |
| **PERSONAL INFORMATION:**  Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_\_  Drivers’ License No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Social Security No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Known by other names: Yes \_\_\_\_\_ No \_\_\_\_\_  If yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Current Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Can we contact you there? Yes \_\_\_\_\_ No \_\_\_\_   Days \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Times \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| If your mail is returned as undeliverable or your telephone service terminated, please provide the name of someone (friend or relative) you believe will always know how to contact you.  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cellular Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Following your initial interview, if you agree to hire the Attorney, and the Attorney agrees to represent you, you will both sign an Agreement for Representation. The Agreement for Representation will set forth the terms and conditions of representation.  If the Attorney is willing to represent you and you decide not to sign an Agreement of Representation today, you are strongly urged to schedule a second appointment with the Attorney at the earliest possible time or to immediately consult with other legal counsel to protect your rights. | |
| **NOTICE: This office does not represent you with regard to the matters set forth by you herein in this information sheet or discussed during your consultation, unless and until both you and the Attorney execute a written Agreement for Representation and any required retainer fee is paid in full.** | |

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| If the Attorney does not agree to represent you (this includes not representing you with regard to the matter set forth by you on this information sheet, and/or any other matters you may discuss with the Attorney during your consultation), you will be notified. If your legal problem(s) involve a potential lawsuit, it is important that you realize a lawsuit must be filed within a certain period of time called a Statute of Limitations. Therefore, the Attorney strongly urges you to immediately consult with another attorney to protect your rights. The Attorney’s decision not to represent you should not be taken by you as an expression regarding the merits of your case.  Your signature acknowledges only that you have accurately and thoroughly completed this information sheet to the best of your ability, and does not mean you have hired the Attorney.  DATE \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_  SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NAME (PRINT) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

NOTES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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