

## INITIAL CONSULTATION INFORMATION SHEET

The purpose of the initial consultation is for the attorney to advise you, the prospective client, as to what if anything, may be done for you, and what the minimum fee will be. The purpose is not to render a definitive legal opinion, as it may be fully impossible to fully assess a matter within the time frame allotted for a consultation or with the information or documents that you may be able to provide at the initial consultation.

**UNDER SOME CIRCUMSTANCES OUR ATTORNEYS OFFER A FREE INITIAL CONSULTATION. PLEASE INQUIRE AT THE BEGINNING OF YOUR CONSULTATION AS TO WHETHER OR NOT THERE WILL BE A CHARGE!** Prospective client has not retained attorney nor has attorney agreed to represent client by virtue of the initial consultation unless a written representation agreement is executed.

NOTE: The following questions will help us to understand the reason for your visit today. Your responses are protected by attorney/client privilege and will be held in strict confidence.

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Previous Client: [ ] Yes [ ] No

Home Address: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Address to which bills should be sent: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax Phone: \_\_\_\_\_ May we send you information via fax? [ ] Yes [ ] No

Work Phone: \_\_\_\_\_ May we send you at work? [ ] Yes [ ] No

Email Address: \_\_\_\_\_ May we send you information via email? [ ] Yes [ ] No

Marital Status: [ ] Single [ ] Married [ ] Separated [ ] Divorced [ ] Widowed

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

If your mail is returned as undeliverable or 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 Number: \_\_\_\_\_

Briefly explain what you may need advice about or assistance with today:

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Are there any other parties involved in this matter? (Involved parties should include those on either side of your issue.)

Yes

No

Name: \_\_\_\_\_

Name: \_\_\_\_\_

How did you learn about our office?

Yellow Pages or other book or telephone directory

Bar Referral

Business Leader Magazine

Lawyers.com or Martindale Hubbell

Former Client (Name: \_\_\_\_\_)

Attorney or Firm (Name: \_\_\_\_\_)

WFAE

Our webpage <http://www.mitchellculp.com>

Google or other search engine

Other (Please Explain: \_\_\_\_\_)

NOTICE: This office does not represent you with regard to the matters set forth by you herein this information sheet or discussed during your consultation, unless and until both you and the attorney execute a written Agreement for Representation.

Your signature acknowledges that the information on this sheet is correct and true and that you understand that this does not mean you have retained our office and that you may be charged for the time spent during your initial consultation.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_