

NEW CLIENT INFORMATION

NAME: _____ BIRTH DATE: _____
ADDRESS: _____
_____ COUNTY: _____
TELEPHONE NO.: (HOME) _____ (WORK) _____
CELL PHONE NO.: _____ E-MAIL _____
EMPLOYER: _____
EMPLOYER'S ADDRESS: _____
OCCUPATION: _____ SOC. SEC. NO.: _____

INFORMATION ABOUT YOUR SPOUSE:

NAME: _____ BIRTH DATE: _____
ADDRESS: _____ COUNTY: _____
TELEPHONE NO.: (HOME) _____ (WORK) _____
EMPLOYER: _____
EMPLOYER'S ADDRESS: _____
OCCUPATION: _____ SOC. SEC. NO.: _____

RELATIVE, NOT LIVING WITH YOU, WHO ALWAYS KNOWS HOW TO CONTACT YOU:

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ PHONE: _____

REFERRED BY: _____
NATURE OF SERVICES NEEDED: _____
HAVE YOU EVER CONSULTED ANOTHER ATTORNEY ON THIS MATTER? _____ IF SO,
WHO? _____

FINANCIAL INFORMATION

I understand that payment for consultation is expected at the time of the consultation. I will be charged for the consultation at the rate of \$_____ per hour/flat rate unless different arrangements have been made with Mr. Markus prior to the consultation. I will be paying my bill for the consultation by:

Cash _____
Check _____ Check No. _____ Bank _____ Acct. No. _____
Credit Card _____ Type _____ Last 4 Digits _____

I further understand that costs for future services after the consultation will be discussed with me during the consultation.

Printed Name

Signature Date

