Attorney Initials

Consult #

CLIENT INFORMATION SHEET

Today's Date:

Client's Name:	Birth Date:
Spouse Name:	Birth Date:
Address:	City State Zip
Mailing Address (If Different):	City State Zip
Phone:	Can you receive texts (SMS)? yes
Preferred Email Address:	
Employer:	
Address:	City State Zip
Work Phone:	May we contact you at work?
Former Spouse's Name:	Phone:
Address:	City State Zip
Emergency Contact:	Phone:
Address:	City State Zip
Party Responsible for Bill?	Phone:
Address:	City State Zip

NATURE OF CASE

☐ Adoption	☐ Criminal Defense	☐ Guardianship	☐ Pension Plan
☐ Business Law	☐ Custody	☐ Juvenile Court	☐ Real Estate
☐ Civil Litigation	☐ Divorce	☐ Mediation	☐ Tax Law
☐ Collections	☐ Estate Planning	☐ Municipal Law	

Please Describe:

Have you used HAO's services before? If so who was the attorney?

What is the nature of your case?

REFERRAL SOURCE

☐ Referral (Who)	☐ Google Search
☐ Online (Where)	☐ Radio
☐ Social Media (Where)	☐ Other

Legal services are to be paid for when services are rendered unless other arrangements are made with the attorney rendering service. Fees range from $250 to $350 per hour depending on the attorney doing the work and the nature of the case. All fees with be subject to a late fee of 1.5% per month if not paid within 30 days of billing date. If, for any reason, this account is referred for collection, the undersigned agrees to pay all costs of collection including a reasonable attorney fee.

Signature: **Date:**

FOR OFFICE ONLY

Open File: Yes No Flat Fee: Yes No Fee Agreement Signed:

Fee Arrangement:

Introductory Packet/ Notebook Attorney: