

INITIAL CONSULTATION SHEET

DATE: _____

CONSULTATION FEE: \$100.00

PAYABLE AT TIME OF SERVICE FOR UP TO 45 MINUTES WITH OUR ATTORNEY.
ANY TIME BEYOND THE 45 MINUTES WILL BE BILLED AT OUR NORMAL HOURLY FEES.

CLIENT INFORMATION:

NAME(S) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ BUSINESS PHONE _____

BUSINESS PHONE _____

CELLULAR _____ E-MAIL: _____

CELLULAR _____ E-MAIL: _____

May we contact you via email? _____ YES _____ NO

May we invoice you via mail? _____ YES _____ NO

PERSON(S) TO CONTACT IN THE EVENT WE CANNOT REACH YOU

NAME(S) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ BUSINESS PHONE _____

CELLULAR _____ E-MAIL: _____

PREVIOUS ATTORNEY _____ NONE

NAME _____

FIRM _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

HAVE YOU BROUGHT ANY LEGAL PROCEEDINGS OR COMPLAINTS AGAINST ANY OF YOUR PREVIOUS ATTORNEYS, OR HAD PROCEEDINGS OR COMPLAINTS BROUGHT AGAINST YOU BY ANY OF YOUR PREVIOUS ATTORNEY(S)?

YES _____ NO _____

IF YES, PLEASE EXPLAIN _____

HOW DID YOU HEAR ABOUT OUR FIRM

DESCRIBE THE NATURE OF YOUR LEGAL CONCERNS

I/We understand that this initial consultation does not constitute future legal representation until such time that a written fee agreement has been signed by Joseph M. Lucas & Associates, LLC and me/us, or other communication has otherwise been made outlining the fee/legal services agreement. Either you or Joseph M. Lucas & Associates, LLC may terminate this representation in the future.

Signature _____
Electronic Signature (Enter your name)

Signature _____
Electronic Signature (Enter your name)

OFFICE USE ONLY:

CONSULTING ATTORNEY(S): _____

BILLING INFORMATION DELIVERED TO CLIENT

(√) ___ RETAINER LETTER (√) ___ RETAINER AGREEMENT

(√) ___ CLIENT(S) INFORMATION ENTERED INTO TIMESLIPS,
CONSTANT CONTACT, AND OUTLOOK

RETAINED/HIRED BY CLIENT(S) AT INITIAL INTERVIEW

(√) ___ YES (√) ___ NO

SPECIAL INSTRUCTIONS
