Office	Use	Only
Office	Use	Only

Lucas Law 224 W. Main Street Barrington, IL 60010 (847) 381-8700

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Initials	Date	
Client Informa	tion Entered	

DATE:		
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? _	YESNO	
May we invoice you via email? _	YESNO	
PERSON(S) TO CONTACT IN NAME(S)		
STREET ADDRESS		
CITY		
HOME PHONE	BUSINESS PHONE	
CELLULAR PREVIOUS ATTORNEY:	E-MAIL NONE	
NAME		<u> </u>

FIRM			
STREET ADDRESS			
CITY	STATE	ZIP	
PHONE			
	ΓORNEYS, OR HAD PRO	GS OR COMPLAINTS AGAINST CEEDINGS OR COMPLAINTS EVIOUS ATTORNEY(S)?	ANY
IF YES, PLEASE EXPLAIN	N		
HOW DID YOU HEAR A			
DESCRIBE THE NATUR	E OF YOUR LEGAL CO	NCERNS:	

• Your appointments are very important to us. We ask that if you must cancel or reschedule any appointment, you please provide us with 48 hours' notice. This way, we

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are able to adjust our schedules accordingly. Any notice given less than 48 hours or "No Shows" will be charged a \$100 Cancellation Fee. We thank you for your understanding.

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 Lucas Law and me/us, or other communication has otherwise been made outlining the fee/legal services agreement. Either you or Lucas Law may terminate this representation in the future.

Signature		
Signature		