

# Consultation Information

**PLEASE NOTE:** The charge for the first half (½) hour of the initial consultation will be \$50.00. Any consultation time after the 30-minute period will be at the attorney's hourly rate. The initial consultation fee is due at the time of consultation. You will be meeting with \_\_\_\_\_, whose hourly rate is \$200.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
[STREET] [CITY] [STATE] [ZIP]

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ OK to call at work?  Yes  No

Email \_\_\_\_\_ Other Contact Information \_\_\_\_\_

## How would you prefer we contact you?

Home phone  Work phone  Cell phone  Email  U.S. mail  Other

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Birth Date \_\_\_\_\_ Employer's Address \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_

Nature of matter(s) to be discussed (please check all that apply):

- Divorce/Support **PLEASE PROVIDE SPOUSE'S (OR EX-SPOUSE'S) NAME:** \_\_\_\_\_
- Adoption  Child Custody  Contract  Criminal
- Juvenile  Living Will  Small Business  Power of Attorney
- Probate  Real Estate  Traffic / DUI  Will / Trust
- Premarital Agreement **PLEASE PROVIDE FUTURE SPOUSE'S NAME:** \_\_\_\_\_
- Other \_\_\_\_\_

Have you ever hired **The Law Offices of David J. Brown, LC** before?  Yes  No When? \_\_\_\_\_

Where did you hear about **The Law Offices of David J. Brown, LC**? \_\_\_\_\_

Have you ever hired another attorney before?  Yes  No When? \_\_\_\_\_

Name of other attorney? \_\_\_\_\_

Have you discussed this matter with another attorney?  Yes  No When? \_\_\_\_\_

Name of other attorney? \_\_\_\_\_

## OFFICE USE ONLY:

SEND CONSULTATION THANK-YOU LETTER:  Yes  No ACCOUNT NUMBER: \_\_\_\_\_

Flat fee: \_\_\_\_\_  Hourly fee: \_\_\_\_\_  Advance Fee Quoted: \_\_\_\_\_

Refund of remaining advance fee to: \_\_\_\_\_

