

Consultation Information Sheet

Today's Date: _____

Name: _____ E-Mail Address: _____

Address: _____
 Street City State Zip Code

Telephone Numbers (Include area code if out of local area):

Home: _____ Work: _____ Fax: _____

Cell: _____ Pager: _____

Employer: _____
 Place of Employment

Address: _____
 Street City State Zip Code

Date of Birth: _____ Social Security Number: _____

Drivers License Number and State Issued: _____

TYPE OF CASE: (Please select one.)

Divorce Post-Divorce Custody/Paternity Child Support Military Personal Injury
 Civil Traffic Criminal Other: _____

If your case involves DIVORCE, LEGAL SEPARATION, PATERNITY, CUSTODY, OR CHILD SUPPORT ISSUES, please also complete the Family Client Information Sheet.

HOW DID YOU HEAR ABOUT US? (Please check all that apply.)

Yellow Pages Anderson & Travis Web Site Google/FindLaw/Other Search
 Better Business Bureau Bar Listings/Referral I am a previous client

I was referred by: _____

THE FIRST 60 MINUTES OF THE INITIAL CONSULTATION IS \$200. ANY TIME EXCEEDING THE FIRST 60 MINUTES WILL BE BILLED AT A RATE OF \$250/HOUR (OR \$230/HOUR FOR ACTIVE DUTY MILITARY). YOU WILL RECEIVE A STATEMENT FOR ADDITIONAL CHARGES. This consultation does not constitute representation by an attorney beyond today's initial paid consultation. To enter an attorney / client relationship after today's consultation, you must sign a fee agreement and provide the Firm a retainer. Without a signed fee agreement and retainer, the Firm will not perform any further legal services on your behalf. By signing here, you acknowledge that the information you provided is accurate and that you have read this entire document.

(Please read above)

Signature