

CLIENT INFORMATION AND FEE DISCLOSURE

Please complete the following client information sheet to assist us in opening our files:

- 1. NAME(s): _____
- 2. MAILING ADDRESS: _____
- 3. CITY, STATE, ZIP: _____
- 4. WHO TO CONTACT: _____
- 5. CELL PHONE NUMBER(s): _____
- 6. HOME PHONE NUMBER: _____
- 7. WORK PHONE NUMBER(s): _____
- 8. FAX NUMBER(s): _____
- 9. E-MAIL ADDRESS(es): _____
- 10. SOCIAL SECURITY NUMBER(s): _____
- 11. BIRTH DATE(s): _____
- 12. CORPORATE NAME(s): _____
- 13. FEIN No. (If Owner / Manager): _____
- 14. GOAL(s) / PREFERRED RESOLUTION: _____

15. PREFERRED METHOD(s) OF CONTACT (check all that apply):
- Initial(s):*
- | | | |
|-------|-------|------------------------------------|
| _____ | _____ | (1) CLOUD-BASED PORTAL/PORTAL SAFE |
| _____ | _____ | (2) U.S. FIRST CLASS MAIL |
| _____ | _____ | (3) E-MAIL (Encrypted) |

- 16. 5-DIGIT PASSWORD FOR TRANSMISSIONS: _____
- 17. REFERRED BY _____
- 18. TYPE OF CASE(s): _____

_____ (Initials) _____ (Initials)

NOTICE TO CLIENTS - PLEASE READ

We only offer a free consultation to determine whether we can assist you with your legal problem. We **do not** offer free legal advice. Please advise the professional at the beginning of the conference if the purpose of your initial consultation is to determine whether our office may be of assistance to you.

For those clients seeking a one (1) time consultation for the purpose of receiving advice or guidance with respect to a legal matter, our MINIMUM FEE for a one (1) time consultation is \$1,000.00. Otherwise, our minimum retainer/fee is \$1,000.00 to establish an ongoing attorney-client relationship. Payment is due at the beginning of the conference. The retainer will be credited to your account and you will be charged a fee based upon your agreement with the attorney (generally an hourly based fee) and provided a fee/retainer schedule. Your initial payment will be credited towards the retainer set for your case.

For other legal matters, unless other arrangements are made or set forth in a representation letter, payment is either required in advance or due immediately upon receipt of invoice. Sixteen (16%) percent interest compounded monthly shall accrue on any balances not paid within thirty (30) days. For matters billed on an hourly basis, our current hourly charges range from \$95.00 - \$325.00, depending upon the nature of the legal matter and the attorney or legal assistant handling it. In the event we are required to pursue collection of our bills, then we shall be entitled to the greater of: (1) the reasonable attorneys' fees and costs incurred in pursuing collection, (2) ten (10%) percent of the fee award obtained from the court, or (3) \$1,000.00. Venue for any fee collection matter shall be in Duval County, Florida.

Please sign and date the signature line below indicating that you have reviewed the information contained herein and agreed to its terms.

Date: _____

_____ (Initials)

_____ (Initials)