

2171 ULRIC STREET, SUITE 205, SAN DIEGO, CA 92111 PHONE: (619) 800-1166 WWW.HUSTONMCCAFFREY.COM

INITIAL CLIENT CONSULTATION FORM

The purpose of an initial consultation is for the attorney to advise you, the *prospective* client what, it anything, may be done for you, and what the minimum fee therefore will be. *The purpose is not to render a definitive legal opinion* as it may be impossible to fully assess the matter within the time frame allotted for a consultation or with the (information or documents) that you may be able to provide at the initial consultation.

ONE OF THREE OUTCOMES IS POSSIBLE FOLLOWING YOUR CONSULTATION.

- A. You and the Attorney mutually agree to the terms of representation, or (After a separate document called an Agreement for Representation is signed, a copy will be provided to you.)
- B. The Attorney declines representation, or
- C. You decide not to use the services of the Attorney.

NOTE: The following questions will help us to understand the reason for your visit today. Your responses are protected by attorney/client privilege and will be held in strict confidence.

Name	First	Middle or Maiden
Address:	City:	State: Zip:
Home Phone:	Email Address:	
Briefly explain what you may	v need advice about or assistance with toda	y:
And them other portion involve	rod2 (Everyles) a friend an employer an	
	ved? (Examples: a friend, an employer, a no or parties on either side of your issue)	eighbor, signor of a contract, etc.
This should include people of		
This should include people o	or parties on either side of your issue)	
This should include people of Party Party Party	or parties on either side of your issue)Relationship	
This should include people of Party Party Party Party Party	or parties on either side of your issue) Relationship Relationship	
This should include people of Party Party Party Party On the lines below, list the descriptions	r parties on either side of your issue) Relationship Relationship Relationship	
This should include people of Party	r parties on either side of your issue) Relationship _ Relationship _ Relationship _ Cocuments (papers) that you think may help	us to understand the issues.
This should include people of Party	r parties on either side of your issue) Relationship _ Relationship _ Relationship _ Cocuments (papers) that you think may help	us to understand the issues.
This should include people of Party	r parties on either side of your issue) Relationship _ Relationship _ Relationship _ locuments (papers) that you think may help	us to understand the issues. If be photocopied, with your permission,

INITIAL CLIENT CONSULTATION FORM Ideally, if things turn out precisely the way you want, what would the outcome be? Knowing that there are no guarantees, what can you accept? Please classify your urgency in concluding this matter? (Check one) ☐ Critical—Personal safety or continuation of business depends on it. □ Very important – severe hardship, personal or financial inconvenience it matter is not resolved quickly. ☐ Important—Matter interferes with business or personal financial stability. □ Needs to be done, but no immediate hardship in the interim. ☐ Just thought I'd see if it was worth pursuing, but I'm not counting on anything. ☐ Just wanted to know what my right are. I'll then let you know after I think about it. If the matter involves payment to you of money you feel you are owed, how long can you wait before not getting paid? (Days, weeks, months, years)_____ Are we the first attorneys you have consulted regarding this matter? ☐ Yes ☐ No If No – Why didn't you hire their services? Have you ever been represented by an attorney before? ☐ Yes ☐ No If Yes – Please state the circumstances? Driver's License # Are you known by any other names? ☐ Yes ☐ No If Yes what names? (A fictitious name, a nickname, a former name, your maiden name etc.) Where are you employed? ____ May we contact you there? \square Yes \square No Phone No. If your mail is returned as undeliverable or your telephone service terminated, please provide the name of someone (friend or relative) you believe will always know how to contact you. _____Relationship _____ Name Address Phone No. _____ State _____ Zip ____ City How did you learn of our office? □ A friend □ Yellow Pages □ Bar Referral □ Our Web Page □ Former client □ Other

PLEASE READ CAREFULLY AND SIGN BELOW

Following your initial interview, if you agree to hire the Attorney, and the Attorney agrees to represent you, you will both sign an Agreement for Representation. The Agreement for Representation will set forth the terms and conditions of representation.

If the Attorney is willing to represent you and you decide not to sign an Agreement for Representation today, you are strongly urged to schedule a second appointment with the Attorney at the earliest possible time or to immediately consult with other legal counsel to protect your rights.

NOTICE: This office does not represent you with regard to the matters set forth by you herein in this information sheet or discussed during your consultation, *unless and until*, both you and the Attorney execute a written Agreement for Representation.

If the Attorney does not agree to represent you, this includes not representing you with regard to the matter set forth by you on this information sheet, or any other matter you may discuss with the Attorney during you consultation. If your legal problem(s) involve a potential lawsuit, it is important that you realize a lawsuit must be filed within a certain period of time called a Statute of Limitations. Therefore, the Attorney strongly urges you to immediately consult with another attorney to protect you rights. The Attorney's decision not to represent you should not be taken by you as an expression regarding the merits of your case.

Your signature acknowledges *only that you received a copy* of this completed information sheet and does not mean you have hired the Attorney.

Date

Signature

THIS	PORT	I O N	ТО	ВЕ	C O M	PLET	E D	ВΥ	THE	АТТ	ORI	NE	Υ
	present (see				· ·	·			ned)				
	sentation dec	. `			·			., -,					
☐ Party v	will "think abo	out it" and	d get ba	ck with	us – No a	ction to be	taken	and part	y was so i	nformed.			
☐ Client	declined Rep	resentat	ion at th	is time.									
Interviewed b	у					this	day	/ of					

2171 ULRIC STREET, SUITE 205, SAN DIEGO, CA 92111 PHONE: (619) 800-1166 WWW.HUSTONMCCAFFREY.COM

N O T E S