

How were you referred to us?

- * Yellow pages _____
- * Friend _____
- * Other _____ (explain) _____

Credit Card # _____

Exp.: _____ CVV# _____

FEE ARRANGEMENT

Fees were discussed? Yes () No ()

Approximate amount quoted? _____

Billing rate discussed? Yes () No ()

Amount received from client \$ _____

Method of billing: () monthly () end of matter

Indicate any special arrangements below:

HOGAN LAW, P.C. Initial Conference Memo

To Be Filled Out by Client :(Please Print)

Date: _____

Type of Case: _____

Name: _____

Address: _____

City and Zip Code: _____ Telephone: _____

Email Address: _____

SS#: _____ Date of Birth: _____ Drivers License #: _____

Employer's Name: _____

Employer's Address: _____

Employer's Telephone #: _____

May Be Reached at Work? No ___ Yes ___ What Hours? _____

ALTERNATIVE CONTACT: Name _____

Address _____ Phone: _____

SPOUSE'S NAME: _____

SS#: _____ Date of Birth: _____ Drivers License #: _____

Employer's Name: _____

Employer's Address: _____

Employer's Telephone #: _____

May Be Reached at Work? No ___ Yes ___ What Hours? _____

ALL CASES ARE BILLED ON AN HOURLY BASIS.
ALL RETAINERS ARE NON-REFUNDABLE AND WILL BE REQUIRED UP FRONT PRIOR TO ANY WORK.
ANY OTHER ARRANGEMENTS MUST BE PRE-AUTHORIZED AND IN WRITING.
THERE ARE NO FREE CONSULTATIONS, UNLESS AUTHORIZED.
YOU MAY BE REQUIRED TO SIGN A RETAINER AGREEMENT
There will be a \$25.00 fee for any returned checks

Client's Signature