

Office Use	
Conflict Ck.	_____
Fee Agrmt	_____
Client List	_____
Eng. Letter	_____

File Type	
Open	_____
Misc.	_____
Pending	_____

MILLER | BUTLER

SCHNEIDER | PAWLIK | ROZZELL

Andrew R. Miller · Stephen W. Butler · Mary M. White Schneider · Kristin L. Pawlik · George M. Rozzell
 Victoria Hargis Bruton · John E. Baureis · Jenna R. Fogleman · SaVannah J. Reading · Maggie E. Geren · Courtney A. Brooks

Date: _____

New Client Yes No

Name: _____

Address: _____

Soc. Sec. No.: _____ - _____ - _____

Date of Birth: ____/____/____

Phone: Home: _____

Employment: _____

Work: _____

Name: _____

Mobile: _____

Soc. Sec. No.: _____ - _____ - _____

E-Mail: _____

Date of Birth: ____/____/____

If you have a social media account, please list:

Employment: _____

(Facebook, Twitter, etc.): _____

Your Job Title: _____ Your Job Duties: _____

Are you hourly or on salary? _____ Are you paid overtime? Y / N How often are you paid? _____

Are you owed any unpaid wages?(example: hours worked off clock, unpaid commissions, expenses, etc.) _____

In order to better serve you, may we have a brief description of the situation or legal matter which you wish to discuss with the attorney? _____

Adverse/Opposing Party: _____ Address: _____

Opposing Party's Attorney: _____

How did you hear about us? Family/Friends Website Facebook Other Attorney _____

Other _____

Preferred Method of Payment: _____ Check _____ Cash _____ Visa/Mastercard/Amex

OFFICE USE ONLY

Estimated Fee: \$ _____
 Flat Fee: \$ _____

Estimated Costs: \$ _____
 Retainer: \$ _____

Consultation Fee: \$ _____
 Apply to Retainer: \$ _____

Interoffice Referral: _____

Thank You Letter _____

Engagement Letter _____

Denial Letter _____

Matter Title: _____

Attorney: _____

Notes/Instructions: _____

CONFLICT OF INTEREST CHECKLIST

In order to avoid potential conflicts, please provide us with the following information:

Other names by which you are known or by which you have been known, including any names under which you do business or have done business: _____

Names of your immediate of close family members: _____

Names of any persons not listed above against whom you would prefer we not pursue adverse proceedings (state specifically the reasons you would not want us to pursue these persons): _____

Name(s) of other party(ies) involved in this case or matter, including the person(s) against whom you may have a potential claim: _____

Have you ever been represented by an attorney? If so, state attorney's name and nature of the proceeding or matter involved: _____

If you are here in your capacity as a representative of a corporation, partnership or other business entity, please state the following:

Name of Business: _____

Name(s) of Key Employees: _____

Name(s) of Board Members: _____

Name(s) of Key Shareholders, Partners or Owners: _____

Date: _____

Signature: _____