



A PROFESSIONAL ASSOCIATION

118 WEST ORANGE STREET, ALTAMONTE SPRINGS, FLORIDA 32714
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PART I. - PERSONAL INFORMATION:

NAME: TODAY'S DATE:
STREET ADDRESS
CITY, STATE, ZIP:
DATE OF BIRTH: ** SS# DRIVER'S LIC. #
CONTACT: (HOME) (WORK) (CELL) (EMAIL)
EMPLOYER:

**Required if Benefits paid by legal insurance

PART II. - SPOUSE INFORMATION:

SPOUSE'S NAME:
SPOUSE'S EMPLOYER: (WORK PHONE #)
SPOUSE'S DOB: ** SS# DRIVER'S LIC. #

**Required if Benefits paid by legal insurance

PART III. - REFERRAL/LEGAL INSURANCE

REFERRED BY: HAVE YOU EVER BEEN REPRESENTED BY THIS OFFICE?
IF SO, WHAT MATTER:
ARE YOU OR YOUR SPOUSE A MEMBER OF ANY LEGAL SERVICES PLAN OR DO YOU HAVE INSURANCE FOR LEGAL MATTERS?
IF SO, WHO IS THE MEMBER? WHICH PLAN/INSURANCE? PLAN/CASE #

PART IV. - NATURE OF CONFERENCE:

- Personal Injury, Criminal/Traffic, Domestic/Family, Bankruptcy, Collections, Adoption, Auto Accident, Corporation, Partnership, Foreclosure, Will/Trust/Estate, Contract, Worker's Compensation, Juvenile, Landlord/Tenant, Tax, Immigration, Real Estate, Other (Please Specify)

HAVE YOU CONSULTED WITH AN ATTORNEY ABOUT THIS BEFORE COMING IN TODAY? Yes No
IF YES, WHY DID YOU NOT RETAIN THAT LAWYER TO REPRESENT YOU?

YOU MUST UNDERSTAND THAT WHILE YOUR VISIT HERE MAY BE FOR CONSULTATION ONLY, THE ATTORNEY DOES CHARGE FOR CONSULTATIONS UNLESS THERE IS LEGAL INSURANCE WHICH MAKES YOUR PAYMENT UNNECESSARY. YOU WILL BE CHARGED A CONSULTATION FEE OF \$ FOR YOUR VISIT TODAY. THIS AMOUNT IS PAYABLE AT THE CONCLUSION OF YOUR VISIT TODAY AND PAYMENT MAY BE MADE BY CASH, CHECK OR CREDIT CARD. PLEASE NOTE THAT THE ATTORNEY DOES NOT REPRESENT YOU NOR WILL HE OR SHE REPRESENT YOU UNLESS A WRITTEN FEE AGREEMENT IS ENTERED INTO. BY SIGNING BELOW YOU HAVE READ AND UNDERSTOOD THE FOREGOING AND COMPLETED THE REQUESTED INFORMATION TO THE BEST OF YOUR ABILITY.

DATE: SIGN: PRINT NAME:
SIGN: PRINT NAME: