

INTAKE INFORMATION

PLEASE FILL OUT COMPLETELY (use full legal names). Today's Date _____

CLIENT'S FIRST Name	MIDDLE Name	LAST Name
PHYSICAL/Street Address	City, State	Zip Code
MAILING Address (if different)	City, State	Zip Code
CELL Phone Preferred # to call? <input type="checkbox"/>	WORK Phone Preferred # to call? <input type="checkbox"/>	LAND Line Preferred # to call? <input type="checkbox"/>
FAX Number	E-MAIL Address (1st)	E-MAIL Address (2nd)
Date of Birth	Age	Social Security No.
Employer	Job Title	How long at job?

SPOUSE'S FIRST Name	MIDDLE Name	LAST Name
PHYSICAL/Street Address	City, State	Zip Code
MAILING Address (if different)	City, State	Zip Code
CELL Phone Preferred # to call? <input type="checkbox"/>	WORK Phone Preferred # to call? <input type="checkbox"/>	LAND Line Preferred # to call? <input type="checkbox"/>
FAX Number	E-MAIL Address (1st)	E-MAIL Address (2nd)
Date of Birth	Age	Social Security No.
Employer	Job Title	How long at job?

CHILD'S full name (first/middle/last)	Date of birth	Age
2nd child's name	Date of birth	Age
3rd child's name	Date of birth	Age
4th child's name	Date of birth	Age

Proposed type of case	Opposing Party/Parties	Prior attorney consulted
Court (District/County/Small Claims)	County	Case No.
Briefly describe your proposed case or issue.		

How did you select this firm?

Beacon Fest___	Business assoc. ___	CLC Inc. ___	Chamber of Commerce ___	Family member ___
Friend ___	GJ Symphony ad ___	Internet-Findlaw ___	Internet-K&B site ___	Internet-other: _____
Law firm-name: _____	Legal Shield ___	Mall billboard ___	Monument Living ___	Newspaper-Beacon ___
Newspaper-Bus. Times ___	Newspaper (Spanish) ___	Phone book ad ___	Pro Bono ___	Radio ad ___
Radio ad (Spanish) ___	TV ad ___	Workplace Options ___	Other: _____	

Phone Book preference: Dex ___ Mesa County ___ Uncompahgre ___ Yellow Book ___
Names & Numbers ___ Grand Valley-ZipLocal ___ Don't use ___

Note: Our standard form of communication with you is via e-mail. Please let us know if you prefer another form of communication. _____

PAYMENT NOTICE

Payment for your initial consultation is due at time of service.

We will collect our fee for today's appointment immediately following the consultation.

Your **first** consultation with our firm is \$100 for time spent with our attorney **up to 1/2 hour**. *If your consultation is longer than 30 minutes, then all additional time will be charged at the attorney's regular hourly rate in increments of tenths of an hour.* (The rates are shown below.) If you decide to hire our firm to assist you further, all future work performed by our attorneys would be at their regular hourly rates in tenths of an hour.

Note: If you previously have had a consultation with one of our attorneys, the fees for today's consultation will be charged at the attorney's regular hourly rate in tenths of an hour.

Attorney Burke: \$265/hr (\$290/hr in-court rate)	Attorney Holguin: \$240/hr (\$265/hr in-court rate)	Attorney Smith: \$240/hr (\$265/hr in-court rate)	Attorney Cenamo: \$240/hour (\$265/hr in-court rate)
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PLEASE NOTE: If the attorney (or staff member) has spent any time on your case prior to today's consultation, or if the attorney or staff member spends time after today's appointment, we will compute the charges and send you a bill - that will be in addition to the payment made for today's consultation. Thank you!

I hereby acknowledge by electronically signing this Payment Notice that all terms and conditions apply.

Date _____

Signature _____