

Client Information Sheet – Power of Attorney

Please complete this form as fully as possible. Where asked for names, put the full first, middle, and last names, if known.

Client's Information

Name: _____ Please call me: _____

Address: _____ Employer: _____

City State Zip Employer address: _____

Birth Date: _____ Previously Married: _____ Children from previous marriage: _____

Birth city/state: _____ Social Security No.: _____ Driver's Lic. No.: _____

Home ph: _____ Work ph: _____ Fax: _____

Pager/messages (if different): _____ Email: _____ Education: _____

Confidential messages may be left for me via (check all that apply):

Recording at office Recording at home Email Fax Other: _____

How did you hear of Ms. Northcutt? (referral, friend, advertisement, etc.): _____

May Ms. Northcutt call the referring person or friend and thank him/her for the referral? Yes No

Nature of matter:

Fee Agreement for Initial Consultation

Charges for an initial office consultation must be paid at the time of the appointment unless other arrangements have been made with the attorney prior to the appointment. Consultation charges are as follows:

Up to one-half hour: \$80.00

Over one-half hour up to two hours: \$40.00 per quarter hour or fraction thereof.

No services will be performed beyond the initial consultation without a written engagement contract.

Your questions about professional fees are invited. The attorney-client relationship is better served by open discussion of fees. This information has been provided to you so that you will have a pre-interview opportunity to consider financial arrangements.

The State Bar of Texas investigates and prosecutes professional misconduct committed by Texas attorneys. Although not every complaint against or dispute with a lawyer involves professional misconduct, the State Bar's Office of General Counsel will provide you with information about how to file a complaint if you feel one is warranted. You may call 1-800-932-1900 for more information.

I have read and understand the above, and agree to pay the above consultation fee.

Your signature

Date

Who do you want to name as Agent on your Power of Attorney?

NAME

ADDRESS

PHONE NUMBER

RELATIONSHIP

1. _____
2. _____
3. _____

