

DATE: _____

Interview By: _____

**Winter & Rhoden
Attorney at Law**

Name: _____ DOB: _____ Sex: M ___ F ___
Last Name First Middle

Social Security Number: _____ Driver's License Number: _____ State _____

Address: _____ Apt. # _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

E-Mail Address: _____ Cell Phone:(____) _____

- I authorize emails concerning my case.
- I authorize emails of general interest from Winter & Rhoden.
- I authorize a follow up call regarding my consultation.

Place of Employment: _____ Job Title: _____

Address of Employment: _____ City _____ St _____ Zip _____

Gross Income: _____ (circle one) weekly bi-weekly twice per month monthly

Spouse's Name: _____ Phone #: _____

Address(if different from yours): _____ City: _____ St: _____ ZIP: _____

Employer: _____ Work Phone: _____

What legal action(s) were you involved in previously, if any? _____

Have you or family member been involved in any type of accident in the last two years? Yes _____ No _____

Do you currently have a will? Yes _____ No _____

Have you been denied Social Security benefits? Yes _____ No _____

Have you been served with Legal Documents related to the reason you are here today? Yes _____ No _____

If YES, when were you served? _____

Will you or the opposing party have a conflict with Judge Usha J. Bridges? Yes _____ No _____

If YES, what is the specific reason? _____

Purpose of visit today: _____

Please sign the back of this form.

HOW DID YOU HEAR ABOUT US? (Circle one) Office Sign Letter Website Former Client Phonebook Friend

Name of Friend _____ Other: _____



Consultation Fee: In all cases (except serious personal injury), there is a \$50 consultation fee for a 15 minute consultation. An additional \$50 per quarter hour will be charged for consultations exceeding 15 minutes. If you retain this law firm to represent you within 30 days of today's date, your consultation fee will be credited toward your retainer.

Privacy: Any confidential information you give us will not be shared with anyone without your permission. Therefore, if you wish for us to discuss your case with a family member or other person, you must give us permission to in writing by filling out one of our Privacy Release Forms.

I certify that the above information is true and correct, including my mailing address and phone number(s). I understand that if I retain the services of Winter & Rhoden, that the above mailing address and phone number(s) will be the one used by Winter & Rhoden to communicate with me. I agree to advise Winter & Rhoden promptly if my address and/or phone number changes.

Signature

Date

NOTE: Unless and until attorney and client enter into a fee agreement and the retainer is paid, neither attorney nor client is obligated one to the other beyond this consultation.