



Consultation Notice

*The purpose of an initial consultation is for the attorney to understand the legal issues of your case, to provide you with basic legal information, possibly to identify further courses of action, and to estimate an approximate total fee for representation. The purpose is **not** to render a definitive legal opinion.*

The following questions will help us understand the reason for your visit today. Your responses are protected by attorney/client privilege and will be held in strict confidence.

One of three outcomes is possible after your consultation:

- 1. You and Ms. Hall may mutually agree to the terms of representation. If so, a separate document outlining the agreement will be signed by both of you.*
- 2. You decide not to proceed with using the services of the firm at this time.*
- 3. The firm declines to represent you.*

*Only if both you and the attorney mutually agree to the terms of representation (see #1) will the attorney represent you in this matter. Unless and until that happens, this firm **DOES NOT** represent you in this matter. An attorney will not take action on your behalf until a contract is signed. However, even if this firm does not ultimately represent you in this matter, your discussions today are still protected by attorney/client privilege, and will be held in the utmost confidence.*

Thank you for taking the time to meet with attorney Janis Richardson Hall. Please be advised that attorney Janis R. Hall only provides legal advice and legal services for client who retain her services under a written fee agreement that explains the scope of services to be provided by attorney Janis R. Hall as well as the nature of the attorney's fees and costs that will be charged for legal services provided.

I understand and agree that unless and until attorney Janis R. Hall and I both sign a written fee agreement I have not hired attorney Janis R. Hall to act as my lawyer.

I further understand that until a written fee agreement is signed, attorney Janis R. Hall will take no action to represent me, protect my legal rights, and/or provide me with legal advice in regard to any of the issues and concerns which may be discussed during my initial consultation with attorney Janis R. Hall.

I understand and agree that if I do not sign a written fee agreement with attorney Janis R. Hall, I remain completely responsible to take the appropriate and timely action required to protect my legal rights.

Your signature acknowledges only that you have reviewed and understand the foregoing policy and does not mean that you have hired attorney Janis Richardson Hall. Your signature acknowledges that the consultation fee is nonrefundable.

Signature: _____ Date: _____

Criminal Court Worksheet

Criminal Court Initial Interview Form

The purpose of an initial consultation is for the attorney to understand the legal issues of your case, to provide you with basic legal information, possibly to identify further courses of action, and to estimate an approximate total fee for representation. The purpose is **not** to render a definitive legal opinion.

Personal Information:

Appointment Date: _____ Referred By: _____

Name: _____
Last First Middle Maiden

Current Address: _____ City/State: _____
(Where you are residing)

Zip Code: _____ County: _____

May we send mail to the above address? _____ Best method to contact you? _____

Alternate Mailing Address: _____

(Do not list a number or email address where calls, faxes, emails or pages could be received by the other party or anyone you do not want receiving them; rather, give a secure number or email address, or call us later when you obtain such safe contact information. We STRONGLY suggest that you create a new email account with a new password for any communications with us.) (Only List "Safe" Numbers)

Home Phone: _____

Cell: _____ Spouse's Cell _____

Work: _____ Hours at Work: _____ Spouse's Work: _____ ours at Work: _____

May we leave messages on voicemail/answering machine at these numbers? _____

Email Address: _____

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

Date of Birth: _____ Place of Birth: _____
(County, State)

Name of Employer: _____ Phone: _____

Employer Address: _____
Street City/State Zip

Job Title: _____ Salary: _____ Employed since: _____

Name of Spouse's Employer: _____

Employer Address: _____
Street City/State Zip

Job Title: _____ Salary: _____ Employed since: _____

Please state your educational and vocational training (include number of years your attended high school and college, if applicable): _____

Alternate Contact Information:

Please provide the name of someone (friend or relative) you believe will always know how to contact you.

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

May we send mail to this address? _____

NAMES AND ADDRESS OF ANY OPPOSING PARTIES AND THEIR ATTORNEY'S, IF KNOWN:

<u>Name</u>	<u>Address</u>	<u>Attorney</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Charges: _____

Date of Incident/Offense: _____

What city and county were you charged in? _____

Date Charged: _____

***Do you have a court date set? _____ If so, when and where? _____**

Warrant Numbers: _____

Was there a bond set? _____ Amount of bond? _____ Who assisted you in getting the bond? _____

Were there other individuals charged? _____ If yes, please list names: _____

Alleged Victims Name's: _____

Prosecutor's Name: _____

