

LORI GIBSON, P.C.
ATTORNEY AT LAW

Initial Client Questionnaire

The purpose of an initial consultation is for the attorney to advise you, the prospective client what, if anything, may be done for you, and what the minimum fee therefore will be. The purpose is not to render a definitive legal opinion, as it may be impossible to fully assess a matter within the time frame allotted for a consultation or with the information or documents that you may be able to provide at the initial consultation.

One of three outcomes is possible following your consultation.

1. You and the attorney agree to representation in which the attorney will at that time, or by mail, provide you with an Engagement and Fee Agreement to be signed by both of you.
2. The Attorney declines representation, or
3. You decide not to use the services of the Attorney.

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

First Name: _____ M. I.: ____ Last Name: _____

Marital Status: [] Single [] Married [] Divorced [] Separated

Spouses Name: _____

Address 1: _____ (physical)

Address 2: _____ (mailing)

City: _____ State: ____ ZIP Code: _____

Home Phone #: _____ May we call you at this number? [] YES [] NO

Work Phone #: _____ May we call you at this number? [] YES [] NO

Cell Phone #: _____ May we call you at this number? [] YES [] NO

Fax #: _____ May we fax you at this number? [] YES [] NO

E-Mail address: _____

May we E-mail you at this address? [] YES [] NO

Date of Birth: ___/___/_____ Social Security #: _____

Spouse DOB: ___/___/_____ Spouse SS #: _____

How did you learn of our office? [] Referral from Counsel [] A friend: _____
[] Yellow Pages [] Bar Referral [] Web Page [] Ruidoso News [] Former Client
[] Radio [] Other

Briefly explain what you may need advice about or assistance with today:

____ Estate Planning ____ Divorce ____ Child Custody
____ Civil Litigation ____ Criminal ____ Real Estate
____ Corporate Set Up ____ Medical Malpractice/Personal Injury
____ Medicaid/SSDI ____ Other _____

Are there any parties involved? (Examples: a friend, an employer, a neighbor, signor of a contract, etc. This should include parties on either side of your issue) Disregard if seeking estate planning advice.

Party _____ Relationship _____

Party _____ Relationship _____

Are we the first attorneys you have consulted regarding this matter? [] Yes [] No
If No – Why didn't you hire their services?

If charges are incurred, how will you pay for your attorney's fees in this matter?
[] Check [] Cash [] Credit Card

Please note an additional 3% will be added to your total if paying by credit card.

PLEASE READ CAREFULLY & Sign Below

Following your initial interview, if you agree to hire the Attorney, and the Attorney agrees to represent you, you will both sign an Engagement and Fee Agreement. The Engagement and Fee Agreement will set forth the terms and conditions of representation.

If the Attorney is willing to represent you and you decide not to sign an Engagement and Fee Agreement, you are strongly urged to consult with other legal counsel to protect your rights.

NOTICE: This office does not represent you with regard to the matters set forth by you herein this information sheet or discussed during your consultation unless and until, both you and the Attorney execute a written Engagement and Fee Agreement.

Your signature acknowledges that you have read and understand the above notice, agree to the initial client consultation and that no attorney-client relationship has been formed until the Engagement and Fee Agreement has been executed and signed by both parties.

Your signature acknowledges that you agree to pay the initial consultation fee of \$150.00 plus tax, (plus an additional 3% added to total if paying by credit card) before the start of the consultation with the attorney. (This consultation fee does not apply to most estate planning and elder law consultations.)

SIGNATURE _____ DATE ____/____/____

SIGNATURE _____ DATE ____/____/____

Please circle the Office we will be seeing you in today:

505 Mechem
Ruidoso, NM 88345

1106 E. Ave.
Carrizozo, NM 88301