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NEW MATTER REPORT

PLEASE COMPLETE TOP PORTION ONLY:

DATE: _____

NAME: _____

HOME ADDRESS: _____

(Street and/or P.O. Box)

ZIP CODE: _____

(City and State)

HOME PHONE: (_____) _____ BUSINESS PHONE: (_____) _____

CELL PHONE: (_____) _____ FAX NO.: (_____) _____

E-MAIL ADDRESS: _____

YOUR SOCIAL SECURITY NO.: _____ DATE OF BIRTH: _____

EMPLOYER'S NAME AND ADDRESS: _____

SPOUSE NAME: _____ SPOUSE'S EMPLOYMENT: _____

SPOUSE SOCIAL SECURITY NO.: _____ DATE OF BIRTH: _____

REFERRED BY: _____

(To be completed by attorney)

PROSPECTIVE PLAINTIFF/DEFENDANT/PARTY: _____

NATURE OF MATTER: _____

FEE ARRANGEMENT:

TIME RATE: \$ _____ FIXED FEE: \$ _____ CONTINGENT: _____

RETAINER RECEIVED: \$ _____ ESTIMATED FEE: \$ _____

STATUTE OF LIMITATIONS ADVISED: YES _____ (Date: _____) NO or N/A

ORIGINATING LAWYER: _____ ASSIGNED LAWYER: _____

I have read the above information. I understand and agree to the fee. I agree to pay, as billed, all amounts including costs for attorney time, copying, long distance telephone, discovery expenses and court costs.

I understand that any file created by the Firm in this matter belongs to me, and if I want that file, I will request it at the conclusion of this matter. I understand any file not requested will be retained by the Firm for a period of five (5) years and then destroyed.