Farrell & Croft
A PROFESSIONAL CORPORATION

FOR OFFICE USE:

1ST _____

2ND _____

3RD _____

Full Name: _____

Full Address: _____

_____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

How do you prefer we contact you? _____

Opposing Party's: Relationship: _____

Full Name: _____

Full Address: _____

_____

Has the opposing party ever been represented by this firm? ☐ Yes ☐ No

How were you referred to Farrell & Croft? Friend ☐ Lawyer ☐ Internet ☐ Client ☐ Other ☐

Who may we thank for referring you to Farrell & Croft, P.C? _____

Briefly indicate the nature of your visit: _____

A $300 consultation fee is payable at the beginning of your initial appointment. Initial consults in excess of one hour and all subsequent appointments and telephone calls will be billed at the lawyer's hourly rate, currently $500/hr for Partners and $450/hr for Associates with 7+ years of experience, and subject to prevailing rates at the time of the subsequent consultation. Client agrees to pay as provided herein and agrees that any bills may be mailed to the address provided above for mailing correspondence.

NOTE: The attorney/client relationship is strictly limited to consultation until and unless a specific written representation agreement setting forth the nature and extent of the representation is entered between the attorney and client. There are no exceptions to this procedure and the client agrees that this understanding cannot be verbally modified.

_____

Signature

FOR OFFICE USE ONLY: OPEN/ NON-E ☐ **KLF** ☐ **CSC** ☐ **KAO**

Brochures

- ☐ Firm Brochure
- ☐ Children Cope (NVFS)
- ☐ Transparenting Seminar (Oakton)
- ☐ Know Your Rights re: protective orders
- ☐ What you Should Know about PO
- ☐ Notice Forbidding Trespass
- ☐ Domestic Violence
- ☐ ACTS/Turning Points
- ☐ Mediation Information
- ☐ Credit Report memo
- ☐ Child support factors
- ☐ Custody Factors
- ☐ Spousal Factors
- ☐ ED Factors
- ☐ Domestic Relations Brochure

Forms

- ☐ Expense Sheet
- ☐ Fee Agreement
- ☐ Depos/ Testimony Instructions
- ☐ Custody Questionnaire
- ☐ Financial Questionnaire
- ☐ IRS form 4506-T

CLIENT INFO

Full Name (First, Middle, Last) _____ Social Security/ Driver's License Number _____

Place of Birth (State or Foreign Country) _____ Education (Specify highest grade completed) _____

Date of Birth _____ Maiden Name (if any) _____

Sex _____ Number of this marriage _____

Usual Residence _____

SPOUSES INFO

Full Name (First, Middle, Last) _____ Social Security/ Driver's License Number _____

Place of Birth (State or Foreign Country) _____ Education (Specify highest grade completed) _____

Date of Birth _____ Maiden Name (if any) _____

Sex _____ Number of this marriage _____

Usual Residence _____

Place of marriage _____ Date of marriage _____

Date of separation _____ Number of children under 18 in this family _____