



Adrian Lynn & Associates, P.A.

Attorneys & Counselors at Law

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INITIAL CLIENT CONSULTATION

Date: _____

Name(s): _____
(If husband and wife, provide both names)

Mailing Address: _____

E-Mail Address: _____
(Do not supply unless we can use this address to contact you)

Home Telephone No.

Work Telephone No.

Mobile Telephone No.

A. Today's consultation

Today's consultation takes approximately 30 minutes. There is NO FEE for this service. Our meeting is completely confidential. However, you are not our client until you pay a fee retainer. The information we will supply today is designed to educate you about the law, the services you can expect our office to perform, the charges for our legal services, and your role in the entire process. It is not intended to be definitive legal advice.

B. Hiring and paying us to handle you bankruptcy

You do not have to make full payment of attorney fees to retain our legal services. You can hire our services for a minimum payment of \$200. Additionally, you must pay any court filing fees. However, NOTHING WILL BE FILED until all attorney fees and all required court costs are paid.

Any balance due on your attorney fees plus applicable court filing fees must be paid within 60 days of paying this initial retainer or your account may be charged a \$100 service charge. All payments on your account are first applied to any owed attorney fees owed. Please note, attorney fees are nonrefundable. This includes both the initial retainer and any money paid toward your account balance. Nonetheless, court filing fees are entirely refundable.

C. Our services

Our legal representation is specifically limited to the following services:

- 1) Analysis of your case
- 2) Filing your case
- 3) Representation at all required court hearings

D. Your basic responsibilities as a client

You must be truthful and forthright with information you provide to our office and to the court. You must provide us with information which we request, and you must follow our instructions. Also, it is your SOLE RESPONSIBILITY to review any documents prepared by our office for any mistakes or omissions and to promptly respond to all requests from our office and the court. Finally, you must inform us if your telephone number or address changes from that provided above. We acknowledge the above terms for this consultation and possible representation, and that the firm has provided me/us a copy of this initial client consultation sheet.

Client

Client's spouse

Social Security Number: _____

Social Security Number: _____

OFFICIAL USE ONLY

Attorney Fee: _____ _____

Filing Fee: _____ _____