FOSTER, HANKS & BALLARD LLC - Client Questionnaire

Name: _____
First Middle Last Maiden

Physical/Mailing Address (if different):

_____
Street City County Zip Code

Telephone-Day #:_____ Evening #:_____

Cellular/Beeper #: _____ Fax/Alternate #: _____

Date of Birth: ____/ ____/ ____ E-mail Address: _____

Employer Name and Address: _____

_____

Name & Address of **Opposing Party**:_____
Maiden

_____
Street City County Zip Code

Opposing Party's Telephone #: (____) _____ Opposing Party's Date of Birth: ____/ ____/ ____

Opposing Party's Employer's Name and Address: _____

_____

Please explain your need for representation: _____
_____
_____
_____
_____
_____

Please list the First, Middle, and Last names (along with birthdates) of all children involved in this case:
_____
_____
_____

Do either you or your spouse use social media (i.e.: Facebook, Instagram, Twitter, etc.)? _____

How did you learn about our office? (if referred, who gave the referral?): _____

I understand that I will be charged $200.00 **UP FRONT** for an office visit of up to one (1) hour and I will be billed in increments of $75.00 for each additional fifteen (15) minute period. I agree to these terms and understand payment is due at the time services are rendered. Payment may be made by cash, check, MasterCard, Discover Card, American Express or Visa.

A CONSULTATION WITH FOSTER & HANKS, LLC DOES NOT CREATE AN ATTORNEY-CLIENT RELATIONSHIP. FOSTER & HANKS, LLC DOES NOT REPRESENT YOU OR ANY OTHER PARTY UNTIL A SEPARATE CONTRACT IS SIGNED AND THE PAYMENT TERMS ARE AGREED UPON AND COMPLIED WITH.

_____ _____
Client's signature Today's date