

CAMILLE R. MCBRIDE LAW AND CONSULTING, LLC

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Located in: Maryland | District of Columbia | Florida | Georgia

INTAKE CONSULTATION CLIENT INTAKE FORM (For Residents of DC, MD, or FL and/or legal proceedings in DC, MD, or FL)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home: _____ Work: _____ Cell: _____ E-mail: _____

Referred by: _____

Or How did you find the office: _____

Short Description of Legal Issue:

Name and Contact Information for Adverse Party(s) In This Matter and his/her attorney if they have one:

ATTORNEY/CLIENT DISCLAIMER – PLEASE READ AND SIGN BELOW

Following your initial consultation, if you agree to hire the Attorney, and the Attorney agrees to represent you, you will both sign a Retainer Agreement also called a Contract of Representation. The Contract of Representation will set forth the terms and conditions of representation. Once you hire the Attorney, the initial consultation fee that you paid will be applied as a credit to future work. If the Attorney is willing to represent you and you decide not to hire and sign the Contract of Representation, you are strongly urged to schedule a second appointment with the Attorney at the earliest possible time or to immediately 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 in this information sheet or discussed during your consultation, unless and until, both you and the Attorney execute a written Contract of Representation. If the Attorney

does not agree to represent you, this includes not representing you with regard to the matter set forth by you on this information sheet, nor any other matters you may discuss with the Attorney during your consultation. Therefore, the Attorney strongly urges you to immediately consult with another attorney to protect your rights. The Attorney's decision not to represent you should not be taken by you as an expression regarding the merits of your case. It is understood that any and all communications are subject to attorney-client privilege to the extent allowed by law, whether or not any attorney-client relationship is formed now or in the future. Your signature acknowledges only that you received and read a copy of this completed information sheet and does not mean you have hired the Attorney or that the Attorney is representing you.

Name: _____ Signature: _____ Date: _____

-----DO NOT WRITE BELOW THIS LINE-----

To be completed by Attorney only

Case Type and Description of Matter:

Attorney for Opposing Party: _____

Fee/Billing Information:

Type of Fee: Hourly - \$ _____/per hour or Flat Fee - \$ _____

Retainer Amount Requested \$ _____ **Date Received** _____ **Date Expected**

Payment Plan offered? _____ **Terms:**

Credit Card Authorization Form

The consultation fee may be paid with debit or credit card. If you are paying with a debit or credit card please provide the following information. All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____ Expiration Date: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

Amount to Charge: \$ _____ I authorize Camille R. McBride Law and Consulting, LLC and Camille R. McBride, Esquire to charge the agreed amount to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Name as it appears on the Card: _____

Signed: _____ Dated: _____

Return to Attorney: Camille R. McBride, Esquire