**NEW CLIENT INFORMATION SHEET - 006**

**For Perspective to Fill Out**

**DATE:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Authorized Agent:** |  |
| **Email Address:** |  |
| **Telephone #:** | Office: Cell: |
|  | Direct: Fax: |

|  |  |
| --- | --- |
| **Address:** | Street Address (1): |
|  | City (1): State (1): Postal/Zip Code (1): |

|  |  |
| --- | --- |
| **Billing Address:** | Street Address (2): |
| **(if different):** | City (2): State (2): Postal/Zip Code (2): |

**This consultation is for:  Myself  Family  Company**  **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Objective of Visit. What is the purpose of your visit? :**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Do you already have an attorney?  No**  **Yes, name of attorney: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For Accountant/Assistant/Attorney to Fill Out**

**Partner in Charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Attorney(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Legal Assistant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of Case:**

Business Immigration

Family Immigration

Labor & Employment: (# of Employees) \_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Billing General Information**

|  |  |
| --- | --- |
| **Billing Type:** | Flat Rate  HR  Contingency  3rd Party |
| **3rd Party Billing Information:** | Name: Authorized Agent: Telephone: Address: |
| **Signed Agreement?** | Yes  No |

**HOW DID YOU HEAR ABOUT OUR FIRM?** □ **Another Attorney** □ **Our Client \_\_\_\_\_\_\_\_\_**

□ **Radio\_\_\_\_\_\_\_** □ **Internet** □ **Seminar** □ **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**