

LAW OFFICES OF PATRICK MCNALLY

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FIRST CONSULTATION

We ask each new client to complete this form prior to your first meeting with the attorney. It provides us with basic information about you and about your case. PLEASE NOTE that any information you provide on this form will be held in strict confidence and subject to the attorney-client privilege.

Today's Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (Home): _____ (Work, Cell): _____

(Fax): _____ (Email): _____

Occupation: _____ Marital Status: _____

How did you learn about this law office? _____

Your reason for seeking legal advice: _____

If you are seeking advice for someone other than yourself, please give that person's name and your connection (for example, "son," "niece," or "power of attorney"):

Name: _____ Relationship: _____

Name(s) of other person(s) attending this meeting with your consent: _____

Person to be billed, if someone other than you:

Name: _____ Address: _____

Emergency Contact Information:

Name: _____ Telephone: _____ Relationship: _____