

File Number: _____

Date Opened: _____

New Case Memo

CLIENT INFORMATION

NAME: _____ DATE: _____

STREET ADDRESS: _____

CITY _____ STATE _____ ZIP _____ NEW CLIENT _____ PRESENT CLIENT _____

PHONE(S): HOME(_____) _____ BUSINESS(_____) _____ FAX(_____) _____

CELL(_____) _____ PAGER(_____) _____ EMAIL _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

MARITAL STATUS: SINGLE _____ MARRIED _____ DIVORCED _____ WIDOW _____

DO YOU HAVE ANY CHILDREN? IF SO, PROVIDE THEIR NAMES AND AGES:

IF CORPORATION PLEASE PROVIDE:

FEDERAL TAX ID NUMBER _____ MAJOR SHAREHOLDERS _____

Referred by (please circle one):

- | | | |
|-----------------|-----------------------------|------------------------|
| AARP | FINANCIAL ADVISOR | PREPAID LEGAL SERVICES |
| ATTORNEY | FRIEND | PREVIOUS CLIENT |
| BAR ASSOCIATION | INDEPENDENT FINANCIAL GROUP | PROVOSTY LAW FIRM |
| BROKER | LIEN LETTERS | RADIO SHOW |
| BUS BENCH | NBI SEMINAR | SEMINARS |
| EMPLOYEE | PRESENT CLIENT | YELLOW PAGES |

If referred by a friend or business associate please list name _____

NOTICE

Payment is REQUIRED within thirty (30) days of receipt of invoice when services are rendered. There will be a \$20.00 NSF charge on all returned checks. Failure to cancel an appointment within 24 hours of the scheduled time will result in a full charge to the clients's account.

There is no fee for the initial consultation, however, if you schedule a second visit and do not retain Losavio & DeJean, LLC you will be billed at the consulting attorney's hourly rate. Payment is due at conclusion of the second consultation.

Accounts are considered "**PAST DUE**" after 90 days and are subject to being turned over to an outside agency for collection. A "Processing Fee" of 35% of the unpaid balance will be added to any account turned over to a collector.

For your convenience, payment can be made by cash, check or credit card. We will gladly furnish you with a receipt if you need it for tax purposes.

I HAVE READ AND AGREE WITH THE ABOVE STATED TERMS:

SIGNATURE OF RESPONSIBLE PARTY

DATE

FAMILY LAW INTAKE FORM:
(PLEASE FILL OUT COMPLETELY)

Spouse's Name: _____
(FIRST-MIDDLE-MAIDEN-LAST)

Spouse's Address: _____

City: _____ State: _____ Zip Code: _____

Parish of Residence: _____

Home Telephone: _____

Work Telephone: _____

Cell Telephone : _____

Date of Marriage: _____

Place of Marriage: _____

Did you have a Prenuptial Agreement? Yes ___ No ___

Did you have a covenant marriage? Yes ___ No ___

When did you separate from your spouse? _____
Month Day Year

Where did you last live together as husband and wife?

CITY PARISH STATE

Where any children born of the marriage? Yes ___ No ___

Children of the marriage:

Names	Date of Birth	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What is your income before taxes? \$ _____

What is your spouse's income before taxes? \$ _____

List all property of the marriage:

Describe	Value	Amount Owed
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

List all debts incurred during the marriage:

Creditors	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

CASE INFORMATION

Name of File:

Type of Case:

Originating Attorney: _____ Responsible Attorney/Assigned To: _____

Billing Attorney: _____

Adverse Party: _____

Address:

Phone(s): _____

Opposing Attorney: _____

Address:

Phone(s): _____

FEE ARRANGEMENTS

Please Check One:

_____ Fixed Fee of \$ _____ (costs additional) _____ Standard Hourly Rate

_____ Estimated Fee in the range of \$ _____ to \$ _____

_____ Contingent Fee of _____ % of the amount recovered _____ saved _____
other _____

BILLING ARRANGEMENTS

_____ Flat Fee - to be billed upon completion

_____ Contingent Fee - to be billed upon completions

_____ Hourly Fee - to be billed monthly

Retainer of \$ _____ received on _____

NOTES

