

LAW OFFICE OF THOMAS E. LESTER
NEW CLIENT INFORMATION FORM

DATE _____ ACCOUNT NO _____

(PLEASE PRINT OR WRITE CLEARLY)

FULL NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ SOCIAL SECURITY NO _____

PHONE NO. (H)(____) _____ (W)(____) _____

FAX NO. (____) _____ (C) (____) _____

E-MAIL ADDRESS _____

EMPLOYER/OCCUPATION _____ SALARY _____

HOURS YOU CAN BE CONTACTED? (H) _____ AM/PM (W) _____ AM/PM

WHO REFERRED YOU TO THIS FIRM? _____

MATTER TO BE HANDLED _____

MARITAL STATUS _____ NAME OF SPOUSE/PARTNER _____

U.S. CITIZEN? Y____ N____ IF NOT, STATUS OF VISA _____

(FIRM USE ONLY)

FILE NAME _____ Jurisdiction _____

Contact Name _____ Phone _____

Re _____ Category of Practice _____

I. Charge Code 1. _____ Variable by timekeeper _____ Fixed (\$ _____/hr)

2. _____ Flat Fee of \$ _____ 3. _____ Retainer

4. _____ Contingent Fee 5. _____ ProBono

Rate Table A _____ B _____ C _____ Other _____ Monthly interest rate _____%

Billing Hold Y ___ N ___ Telephone Code Y ___ N ___

Special instructions or comments: _____