

Free 30Min. Consult:

HEMB LAW GROUP IN- TAKE SHEET

DATE: ___/___/2015

Case Type: _____ Case#: _____
(Family Law- Bankruptcy-Other)(Please Print)

Referred By: _____ Relationship: _____

Client#1

Salutation: Mr. / Mrs. / Ms.

First Name: _____ Last Name: _____ M.I.: ___ M F

Street Address: _____ Apt/Rm#: _____

City: _____ State: _____ Zip: _____

Home Phone#: (____) - ____ - ____ Cell#: (____) - ____ - ____

Work#: (____) - ____ - ____ E-Mail Address: _____

I authorize emails concerning my case.

Date of Birth: ___/___/___ Drivers License No.: _____

SS#: ____ - ____ - ____

Client#2

Salutation: Mr. / Mrs. / Ms.

First Name: _____ Last Name: _____ M.I.: ___ M F

Street Address: _____ Apt/Rm#: _____

City: _____ State: _____ Zip: _____

Home Phone#: (____) - ____ - ____ Cell#: (____) - ____ - ____

Work#: (____) - ____ - ____ E-Mail Address: _____

Date of Birth: ___/___/___ Drivers License No.: _____

SS#: ____ - ____ - ____

If you have coverage through a legal plan please enter: Plan Name: _____

Member#: _____ Case#: _____

HEMB LAW GROUP
ATTORNEYS AT LAW
SUSAN A. HEMB
1530 E. Shaw Avenue, Suite 104
Fresno, California 93710

FAX (559) 241-7052

Telephone (559) 241-7050

Client name _____
Print Name

Consult Contract

This contract confirms the terms and conditions on which Susan A. Hemb (Attorney) will provide legal services to you as a client. This written agreement is required by California Business and Professions Code Section 6148 for most attorney engagements, and is advisable in any event to minimize the possibility of misunderstanding between the Attorney and its clients.

I/we agree to pay the \$150 to Hemb Law Group for the initial meeting fee to meet with Attorney. The waiver of this fee will be only be granted to those in which has been provided coverage through a third party. Third party coverage must be verified before the fee is waived. If client has coverage under Work Place Benefits (WPB) for 30 minute free consult, only the first 30 minutes are free. Thereafter, attorney shall bill at attorneys reduced hourly rate per attorneys contract with WPB. If client pays by check for any legal services and the check is returned for any reason by the bank, the client will be billed an additional \$30.00 for returned check fee. Interest will be charged on all outstanding fees owed to attorney at the legal rate of 10% per annum for 120 days. Failure to pay amount owed within 120 days will result in your balance owed being sent to our collections agency.

I/we will be responsible for a \$75.00 bookkeeping fee if my/our account is assigned to a third party for collections. Should suit be commenced to enforce any of the terms of this agreement, the prevailing party shall be entitled to reasonable attorney's fees and the Court of jurisdiction shall be in Fresno County. I/we hereby grant to you or any assignee the right to verify employment or run a credit report to assess my/our ability to fulfill my/our financial obligation to this agreement.

Signature

____/____/_____
Date

Signature

____/____/_____
Date

