

LESLIE A. ERWIN, P.C.
ATTORNEY AT LAW

Office Use Only

Paid: _____

Date: _____

Method: CC Check Cash

Scanned: _____

ID Verified: Y N

PERSONAL INFORMATION:

Date form was completed: _____

Legal Name (as it appears on ID): _____

Physical Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Mailing Address (if different from physical address): _____

CONTACT INFORMATION:

Email Address: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Fax Number: _____

OTHER:

Are you employed or retired? Employed Retired Other: _____

Have you previously consulted with an attorney regarding your legal matter? Yes No

REASON FOR CONSULTATION:

 Probate Estate Planning Family Law Contract Business Formation
 Other: _____

1. Have you been served with notice of a pending lawsuit? Yes No

2. If you have answered yes, what date were you served? _____

HOW DID YOU HEAR ABOUT US? (Please check all that apply.)

 Referral: _____ Professional Organization: _____

 Internet Search, Website, or Social Media Other/Please Describe: _____

*** Please be advised that the grace period for scheduled appointments is 10 minutes. You may be requested to reschedule your appointment if you have exceeded the 10-minute grace period. ***

 (Initial) **PLEASE BE ADVISED THAT NO DUTIES ARE INTENDED OR CREATED BY THIS CONSULTATION.**
You are under no obligation to retain this firm to represent you. If you have not executed a representation agreement or an engagement letter, this firm does **NOT** represent you as your attorney.