

LAW OFFICE OF  
**ROBERT L. KEATES, P.L.L.C.**

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ATTORNEY AT LAW

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ADMITTED TO PRACTICE IN  
  
TEXAS  
CALIFORNIA  
NEW YORK  
WASHINGTON D.C.

**CONSULTATION AGREEMENT  
FOR CONSULTATION OF CRIMINAL DEFENSE REPRESENTATION**

**INITIAL CONSULTATIONS (If Applicable)**

I agree and understand there may be a fee assessed for Consultations where Attorney provides initial legal advice based on non-specific information about Client's case. Client understands and acknowledges that any advice and legal conclusions are based strictly on the information provided by Client at the time of the Consultation, and that Attorney has not had the opportunity to speak with the Court, district attorney, or review the case files including any police reports. It is understood by the Client that **NO PROMISES HAVE BEEN MADE AS TO THE OUTCOME OR RESULT OF THIS CASE.**

At the end of the Consultation, Client may choose to hire Attorney by signing the Professional Services Agreement and complying with all payment clauses. Client understands that neither the Consultation nor the Consultation Fee (or this Consultation Agreement) binds Attorney to represent Client in any fashion until the Professional Services Agreement is signed and fulfilled.

**Consultation Fee for Initial Consultation only (limited to 30 minutes) is \$\_\_\_\_\_**

**CLIENT ACKNOWLEDGES THAT HE OR SHE HAS READ THIS AGREEMENT, UNDERSTANDS ITS PROVISIONS, AND AGREES TO BE BOUND BY IT.**

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ in \_\_\_\_\_, Texas.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Robert L. Keates, Esq.

\_\_\_\_\_  
Address

Law Office of Robert L. Keates, PLLC  
700 Lavaca, Suite 1400 Austin TX 78701  
ph: (512)216-3211 fx: (512)295-1846

\_\_\_\_\_  
Telephone Number

*\*In addition to the fee, a 2.9% Service Charge, paid directly to the credit card processor, if used, will also be charged*

**CONSULTATION PAYMENT INFORMATION**

Initial Consultation Fee:	\$_____	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMEX	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> Cash or Check
Authorization & Agreement for Credit Card Payment I do authorize the Law Office of Robert L. Keates to make a credit card payment using the credit card information listed on this sheet in the amount noted above.	Card No.:			Name On Card:		
	Expiration Date:	3-digit CVI Code:		Authorization Signature: X_____		
Referral Source:	<input type="checkbox"/> Our Website	<input type="checkbox"/> Austin LRS	<input type="checkbox"/> TLPP	<input type="checkbox"/> Lawfish	<input type="checkbox"/> State Bar	<input type="checkbox"/> Other _____