

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

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ATTORNEY-CLIENT COMMUNICATION: THIS DOCUMENT AND ITS CONTENTS
CONSTITUTE LEGALLY PRIVILEGED INFORMATION

INFORMATION FORM

(Please Print)

Date: ____/____/____	FILE NUMBER: LORK #:	New Client?	<input type="checkbox"/> Yes <input type="checkbox"/> No	INITIAL CONSULTATION FEE: [] FREE [] Other (\$ ____) [] Austin Lawyer Referral (\$20)
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PERSONAL INFORMATION

Last name:	First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	Social Security No.:
Best Contact Number: ()		Email:			Birth Date: Age:
Street Address:		Home Phone No.: ()	Cell No.: ()	Fax No.: ()	
City:		State:	ZIP Code:		
Occupation:	Employer:			Employer Phone No.:	
Referral Source:	<input type="checkbox"/> Our Website <small>Circle: Google, Yahoo, Bing, Other</small>	<input type="checkbox"/> Another Lawyer:	<input type="checkbox"/> Referral Service: <small>Circle: LRS, State Bar, TLPP, Lawfish, Other</small>	<input type="checkbox"/> Other Website:	<input type="checkbox"/> Other:
Reason for Legal Consultation:			Please list any people with whom your Lawyer may discuss your case:		
_____			Name: _____ Relationship: _____		
_____			Name: _____ Relationship: _____		
_____			Name: _____ Relationship: _____		

GUARANTOR PAYOR INFORMATION

If an individual other than the client will be acting as a Guarantor & paying for legal representation, please list the requested information below.

Guarantor Payor's Name:	Guarantor Payor's Address:	Guarantor Payor's Phone: ()	Guarantor Payor's Relationship to Client:
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EMERGENCY CONTACT INFORMATION

IN CASE OF EMERGENCY

Name of Local Friend or Relative:	Relationship to Client:	Home Phone No.:	Work Phone No.:
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FINANCIAL INFORMATION

INITIAL CONSULTATIONS FEES MAY VARY BASED ON REFERRING AGENCY
THIS SECTION SHOULD BE FILLED OUT IF THERE IS A CONSULT FEE OR IF A PAYMENT PLAN IS ANTICIPATED AT THE TIME OF HIRE.

Consultation Fee: \$ ____	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMEX	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> Cash or Check
Flat Fee: <input type="checkbox"/> Retainer: <input type="checkbox"/> Hourly: <input type="checkbox"/>	Card No.:	Name On Card:			
Notice & Agreement for Credit Card Payment Authorization <small>If I hire the Law Office of Robert Keates on my case, and I select one of the payment plans, I am acknowledging that the remaining balance of my fee payment will be due on the date designated in the Fee Agreement Contract, and that if my payment is not made by the due date, I do authorize the Law Office of Robert L. Keates to make a credit card payment on my behalf using the credit card information listed on this sheet.</small>	Expiration Date:	3-digit CVI Code:	Signature: X _____ <small>*In addition to the outstanding fee, a 2.9% Service Charge, paid directly to the credit card processor will also be charged.</small>		
	Billing Address of Card:		OFFICE USE ONLY		
	_____		Payment Plan Level 1: _____ Payment Plan Level 2: _____ Monthly Authorization: _____		

Case Status	OFFICE USE ONLY		Estimated Fees
<input type="checkbox"/> Case Accepted	<input type="checkbox"/> Case Rejected or Date Accepted/Rejected:	LORK#	\$
Payor's Name:	Payor's Tel.:	Email:	

The above information is true to the best of my knowledge. I authorize any payments on this account to the Law Office of Robert L. Keates, P.C.
I understand that I am financially responsible for any balance. I also authorize The Law Office of Robert L. Keates, P.C. to release any information required to process my claims as applicable.