

INITIAL INTERVIEW
AGREEMENT



You have scheduled an interview with The Law Collaborative to discuss a personal legal matter. The purpose of this agreement is to inform you of the nature of our initial interview and to allow you to acknowledge your understanding and agreement with our firm's standard terms for initial interviews.

Our initial interview will be preliminary only. The purpose of the initial interview is for you to determine whether you wish to retain The Law Collaborative to represent you and for us to determine whether we shall accept your case.

There is a charge of \$500 for your visit today. If your visit is in regards to a second opinion, the charge is \$750 for reviewing, analyzing, and discussing your ongoing case. How do you wish to pay for our services?

- Cash \$500 \$750
- Check# _____ \$500 \$750
- Credit Card # _____ \$500 \$750

Unless and until you and I sign a written retainer agreement and you pay the initial retainer amount, there will be no lawyer-client relationship between you and The Law Collaborative.

Before I can represent you, I must be certain I have never represented the adverse party. Please state each name used by the adverse party:

I AGREE TO THE FOREGOING

Date: _____

PROSPECTIVE CLIENT

ATTORNEY

**AUTHORIZATION FOR LEAVING TELEPHONIC MESSAGES
MAIL NOTIFICATIONS AND ALTERNATIVE COMMUNICATIONS**

I, _____, CLIENT, hereby authorize The Law Collaborative, LLC, to use the following facsimile, home answering machine, and voice mail, cell and phone numbers listed below and send messages pertaining to my case on the e-mail listed below.

I understand that documentation sent on home/office facsimile, answering machine(s), through e-mail, or voice mail may be of a sensitive nature and may include confidential and/or privileged information as well as information concerning the attorney-client relationship. I understand that third parties, including but not limited to, the opposing party, may intercept some or all of these communication channels. However, for purposes of expediency, I hereby authorize The Law Collaborative, LLC to utilize the numbers and communication listed below.

This authorization shall change or terminate when revoked or changed by me in writing.

Dated: _____
Print Name here Signature here

Authorized facsimile number: [] None or _____

Authorized home answering machine: [] None or _____

Authorized voice mail phone number: [] None or _____

Authorized e-mail address: [] None or _____

Secondary e-mail address: [] None or _____

Authorized cell phone number: [] None or _____

Authorized pager number: [] None or _____

Authorized P.O. Box address: [] None or _____

City: _____ State: _____ Zip: _____

We have to correspond with you constantly with sensitive personal, financial and privileged documentation, so this Authorized main mailing address must be both secure from that standpoint and where you are sure to receive your mail immediately:

Home or Business address [circle one] :

_____ Street Address

City: _____ State: _____ Zip: _____

CLIENT INFORMATION FORM FOR ADOPTION

NOTE: PLEASE TAKE THE TIME TO COMPLETE THE THE FOLLOWING FORM. BE AS DESCRIPTIVE AND SPECIFIC AS POSSIBLE, IGNORING QUESTIONS THAT DO NOT APPLY TO YOU. IF FILLED OUT THOROUGHLY, THIS FORM, CAN SAVE TIME, AND THEREFORE, MONEY. THIS FORM SHOULD BE COMPLETED BEFORE YOUR FIRST OFFICE VISIT. THANK YOU.

DATE OF CALL

REFERRAL SOURCE

DATE OF APPOINTMENT

YOUR NAME: _____ HOME PHONE # (____) _____

LAST, FIRST

WORK PHONE # (____) _____ CELL # (____) _____

PRESENT ADDRESS: _____ HOW LONG? _____
STREET YRS/MOS

CITY, STATE, ZIP

MAILING ADDRESS: _____
STREET CITY, STATE, ZIP

DRIVER'S LICENSE NO.: _____

DATE OF BIRTH _____ E-MAIL ADDRESS: _____

SPOUSE'S NAME: _____ HOME PHONE # (____) _____

LAST, FIRST

WORK PHONE # (____) _____ CELL # (____) _____

PRESENT ADDRESS: _____ HOW LONG? _____
STREET YRS/MOS

CITY, STATE, ZIP

MAILING ADDRESS: _____
STREET CITY, STATE, ZIP

DRIVER'S LICENSE NO.: _____

DATE OF BIRTH _____ E-MAIL ADDRESS: _____

Adoption Information

Child's Birth Name: _____

Child's New Name: _____

Child's Date of Birth: _____ Sex: _____

Child's Birth Place: _____
City State Country

Child's Address (if different than yours) _____

Is this an: _____ agency adoption, _____ private adoption, _____ step-parent adoption
_____ relative adoption, _____ international adoption

Your Relationship to the Child: _____

If the Child is 12 or older, does the child agree to the adoption? Y N

Date the Child was placed in your physical care: _____

Does the Child have a legal Guardian: Y N (if "yes" provide Letters of Guardianship)

Is the Child a dependent of the court? Y N (if "yes" provide Juvenile Case # and County)

Does the child have Indian ancestry: Y N (if "yes" provide name of Tribe(s) below)

Please describe measures taken to reach the conclusion above regarding Indian ancestry. _____

Names of Birth Parents if known: Mother _____

Father _____

Will the Birth Parents consent to the adoption? Y N

Please provide the name of a person who will know how to contact you in case of an emergency.

LAST NAME, FIRST () TELEPHONE NUMBER

How did you find out about our office?

Referred by: _____ ()
 NAME TELEPHONE NUMBER

Brochure _____

Article in periodical _____
 NAME OF PERIODICAL DATE

YELLOW PAGE ADVERTISEMENT - Please circle one

SAN FERNANDO VALLEY WEST
VENTURA/SIMI

SAN FERNANDO VALLEY EAST
LOS ANGELES

Website/Search engine _____
 Site Name, Search Terms

Thank you for taking the time to complete this form. Please allow our office to copy your driver license.

