



LAW OFFICES OF

**MATTHEW Z. MARTELL, P.A.**

INTEGRITY . COMMITMENT . RESULTS

9040 Town Center Parkway, Suite 111-C  
Lakewood Ranch, FL 34202

1990 Main St., Suite 750  
Sarasota, Florida 34236

## Initial Office Visit Client Interview Form

The purpose of an Initial Office Consultation is for the attorney to advise you, the *prospective* client, what, if anything, may be done for you, and what the minimum fee will be. *The purpose is not to render a definitive legal opinion* as it may be impossible to fully assess a matter within the time frame allotted for a consultation or with the information or documents that you may be able to provide at the initial consultation

One of three outcomes is possible following your initial office consultation:

- A. **You and the Attorney mutually agree to the terms of representation** (after a separate document called a Retainer Fee Agreement is signed and a copy will be provided to you.); **or**
- B. **The Attorney declines representation; or**
- C. **You decide not to use the services of the Attorney.**

**NOTE:** The following questions will help us to understand the reason for your visit today. Your responses are protected by the attorney/client privilege and will be held in strict confidence. *All blank spaces must be fully completed to be considered as a new client by this law firm.*

Client's Name: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

Home City, State, & ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Street Address: \_\_\_\_\_

Work City, State & ZIP: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

Work Fax: \_\_\_\_\_ Work E-Mail: \_\_\_\_\_

May we contact you there? [ ] Yes [ ] No

**PLEASE ANSWER THE FOLLOWING QUESTIONS PRIOR TO YOUR SCHEDULED APPOINTMENT IN FULL DETAIL:**

1. Please briefly describe what you may need legal advice about or legal assistance with today:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Are there other parties involved? (Examples: a friend, an employer, a neighbor, signor of a contract, etc. This should include people or parties on either side of your legal issue)

Party \_\_\_\_\_ Relationship \_\_\_\_\_

Party \_\_\_\_\_ Relationship \_\_\_\_\_

Party \_\_\_\_\_ Relationship \_\_\_\_\_

Party \_\_\_\_\_ Relationship \_\_\_\_\_

3. On the lines below, list the documents (*i.e.*- papers) that you think may help us to understand the issues.

(A) \_\_\_\_\_

(B) \_\_\_\_\_

(C) \_\_\_\_\_

(D) \_\_\_\_\_

4. Ideally, if things turn out precisely the way you want, what would the outcome be?

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5. Knowing that there are no guarantees, what can you accept?

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6. Please classify your urgency in concluding this matter? (Check One)

Critical – Personal safety or immediate continuation of business depends on it.

Very important - severe hardship and personal or financial inconvenience if the matter is not resolved quickly.

Important – The matter interferes with business or personal financial stability.

Needs to be done, but no immediate hardship in the interim.

Just thought I'd see if it was worth pursuing, but I'm not counting on anything.

Just wanted to know what my rights are? I'll then let you know after I think about it.

7. If this legal matter involves payment to you of money you feel you are owed, how long can you wait before not getting paid? \_\_\_\_\_

(Days, Weeks, Months, Years)

8. Are we the first attorney(s) you've consulted regarding this matter?  Yes  No

9. If your answer is no to Question #8, please answer the following: who have you consulted previously? When did you consult this attorney(s)? Why didn't you hire their legal services? Did this attorney(s) refuse to take your case? If your case was refused, what reason did this attorney(s) give you for refusing to take your case?

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10. Have you ever been represented by an attorney before?  Yes  No

11. If your answer is yes to Question #10, please state the circumstances?

**(NOTE: The requested information will be kept confidential. It will not be shared with any other third-party that is not employed by this law firm. It is requested to determine your past experiences with the legal system. In order for this firm to accurately assess your expectations regarding the legal system and, if necessary, realistically explain the emotional and financial commitment needed, as well as time, expense, and stress involved in a typical legal proceeding, we need to know your past legal experiences. *This information must be completed to be considered as a new client of this law firm.*)**

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12. How will you pay for your attorney's fees in this matter?

Check  Cash  Credit Card

13. What is your approximate annual income?

**(NOTE: The requested information will be kept confidential. It will not be shared with any other third-party that is not employed by this law firm. It is requested to determine whether you can realistically afford the legal services provided by this law firm given your specific legal problem. *This information must be completed to be considered as a new client of this law firm.***

**PLEASE NOTE: Client Payment Plans may be extended to new clients in need of financial assistance at the discretion of this law firm.)**

Approximate annual income: \_\_\_\_\_

14. Marital Status:  Married  Single  Divorced  Widowed  Separated

Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Date Driver's License was last issued: \_\_\_\_\_ (Required to verify six (6) month FL state residency in order to file lawsuit)

Social Security #: \_\_\_\_\_ (Required to be confidentially filed in most family law cases)

Are you know by any other names?  Yes  No

If yes, what name(s)? \_\_\_\_\_  
(i.e.- a nickname, a former name, your maiden name, etc.)

15. If your mail is returned as undeliverable, you e-mail is disconnected, or your phone is disconnected, please provide the name of someone (friend or relative) you believe will always know how to contact you.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)

16. How did you learn about our office? (Check all that apply)

\_\_\_\_\_ Former Client Referral

(Please list name of former client who referred you to this firm):

\_\_\_\_\_

\_\_\_\_\_ Business Referral

(Please list name of business that referred you to this firm):

\_\_\_\_\_

\_\_\_\_\_ Law Offices of Matthew Z. Martell, P.A. website

\_\_\_\_\_ Internet Website/Advertisement

(Please list specific internet website/advertisement referred to):

\_\_\_\_\_

\_\_\_\_\_ Word of Mouth

\_\_\_\_\_ Professional Reputation for Area of Expertise

\_\_\_\_\_ Other

(Please list reason specific reason for marking "Other")

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PLEASE READ CAREFULLY & Sign Below

Following your Initial Office Visit, if you agree to hire the Attorney, and the Attorney agrees to represent you, you will both sign a Retainer Fee Agreement. The Retainer Fee Agreement will set forth the terms and conditions of representation.

If the Attorney is willing to represent you and you decide not to sign a Retainer Fee Agreement at the Initial Office Visit, you are strongly urged to schedule a second appointment with the Attorney at the earliest possible time for a follow-up meeting or to immediately consult with other legal counsel to protect your rights.

***NOTICE:*** This office does not represent you regarding the matters set forth by you in this information sheet and/or discussed during Initial Office Visit unless and until both you and the Attorney execute a written Retainer Fee Agreement and you pay your Initial Retainer Fee.

If the Attorney does not agree to represent you, this includes not representing you regarding the matter set forth by you on this information sheet, not any other matters you may discuss with the Attorney during your Free Initial Phone Consultation and/or Initial Office Visit. If your legal problem(s) involve a potential lawsuit, it is important that you realize a lawsuit must be filed within a certain time period called the Statute of Limitations. Therefore, the Attorney strongly urges you to *immediately* consult with another attorney to protect your rights. The Attorney's decision not to represent you should not be taken by you as an expression regarding the merits of your case.

**Your signature acknowledges only that you have reviewed and completed this information sheet and does not mean you have hired the Attorney.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**THANK YOU FOR COMPLETING THE INITIAL OFFICE CONSULTATION CLIENT INTERVIEW FORM. AS PREVIOUSLY STATED, ALL INFORMATION PROVIDED WILL BE KEPT CONFIDENTIAL. SPECIFICALLY, IT WILL NOT BE SHARED, DISSEMINATED, OR DISTRIBUTED TO ANY THIRD PARTY THAT IS NOT EMPLOYED BY THIS LAW FIRM AND IT IS PROTECTED BY THE ATTORNEY-CLIENT PRIVILEGE.**