

T H E L A W O F F I C E S O F

PAUL V. MOYER, P.L.

A PROFESSIONAL LIMITED LIABILITY COMPANY

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PART I. - PERSONAL INFORMATION:

NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_
STREET ADDRESS \_\_\_\_\_
CITY, STATE, ZIP: \_\_\_\_\_
DATE OF BIRTH: \_\_\_\_\_ \*\* SS# \_\_\_\_\_ DRIVER'S LIC. # \_\_\_\_\_
CONTACT: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_ (EMAIL) \_\_\_\_\_
\*\*EMPLOYER: \_\_\_\_\_

PART II. - SPOUSE INFORMATION:

\*\*Required if Benefits paid by legal insurance

SPOUSE'S NAME: \_\_\_\_\_
\*\*SPOUSE'S EMPLOYER: \_\_\_\_\_ (WORK PHONE #) \_\_\_\_\_
SPOUSE'S DOB: \_\_\_\_\_ \*\* SS# \_\_\_\_\_ DRIVER'S LIC. # \_\_\_\_\_

PART III. - REFERRAL SOURCE/LEGAL INSURANCE INFORMATION

\*\*Required if Benefits paid by legal insurance

A. REFERRED BY:

LEGAL INSURANCE (PLEASE COMPLETE BELOW)
I'VE AM A PREVIOUS CLIENT
FIRM WEB SITE
YAHOO SEARCH
GOOGLE SEARCH
DEX ONE YELLOW PAGES
YP YELLOW PAGES
FRIEND/EXISTING CLIENT . IF SO, WHO:
NAME:
FINDLAW
OTHER:
ATTORNEY:

B. LEGAL INSURANCE INFORMATION:

PLEASE PROVIDE THE NAME OF THE PERSON WHO IS THE PRIMARY MEMBER OF THE LEGAL INSURANCE PLAN?

\*\*NAME OF PLAN/INSURANCE? \*\* PLAN/MEMBER # CASE #

PART IV. - NATURE OF CONFERENCE:

BANKRUPTCY 7 OR 13
DIVORCE
PATERNITY
CHILD SUPPORT
NAME CHANGE
ADOPTION
MODIFICATION OF JUDGMENT/ORDER
CORPORATION
PARTNERSHIP
FORECLOSURE
WILL/TRUST/ESTATE
CONTRACT
INJURY
CUSTODY/TIME SHARING
LANDLORD/TENANT
COLLECTIONS
PERSONAL INJURY
REAL ESTATE
OTHER (PLEASE SPECIFY)

HAVE YOU CONSULTED WITH AN ATTORNEY ABOUT THIS BEFORE COMING IN TODAY? YES NO

WHO, IF OK TO TELL \_\_\_\_\_ & WHY DID YOU NOT HIRE HIM/HER? \_\_\_\_\_

YOU MUST UNDERSTAND THAT WHILE YOUR VISIT HERE MAY BE FOR A CONSULTATION ONLY, THE ATTORNEY DOES CHARGE FOR CONSULTATIONS UNLESS THERE IS LEGAL INSURANCE WHICH MAKES YOUR PAYMENT UNNECESSARY. YOU WILL BE CHARGED A CONSULTATION FEE OF \$\_\_\_\_\_ FOR YOUR VISIT TODAY. THIS AMOUNT IS PAYABLE AT THE COMPLETION OF THIS FORM. PAYMENT MAY BE MADE BY CASH, CHECK OR CREDIT CARD. PLEASE NOTE THAT THE ATTORNEY DOES NOT REPRESENT YOU NOR WILL HE OR SHE REPRESENT YOU UNLESS A WRITTEN FEE AGREEMENT IS ENTERED INTO. BY SIGNING BELOW YOU HAVE READ AND UNDERSTOOD THE FOREGOING AND COMPLETED THE REQUESTED INFORMATION TO THE BEST OF YOUR ABILITY.

PRINT NAME: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_