

LAW OFFICES OF CHRISTINA MOLITOR, P.C.
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FAX: (210) 340-0414

CLIENT INFORMATION

DATE: _____

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE NUMBER: _____

WORK PHONE: _____

MAY WE CALL YOU AT WORK? _____

E-MAIL ADDRESS: _____

CELL PHONE: _____

ADDITIONAL CONTACT INFORMATION: _____

NATURE OF CASE: _____

OPPOSING ATTORNEY: _____

(Notes:) _____

HOW DID YOU HEAR ABOUT OUR OFFICE? _____

(Lawyer Referral Service, A Friend, Other Advertising)

Our practice is to send invoices to clients at the email address provided on this form. If you prefer to receive your invoice in an alternative manner, please provide the address (email, residential, mailing, etc.) at which you prefer to receive invoices from our office. _____

ALTHOUGH WHAT A CLIENT TELLS A LAWYER IS NEARLY ALWAYS CONFIDENTIAL, THERE IS AN EXCEPTION. IN THE EVENT THE LAWYER OR ANYONE ON THE LAWYER'S STAFF HAS GOOD REASON TO BELIEVE THAT A CLIENT HAS COMMITTED CHILD ABUSE, WHETHER THAT INFORMATION IS OBTAINED FROM COMMUNICATIONS WITH THE CLIENT OR OTHERWISE, THE LAWYER OR MEMBER OF THE LAWYER'S STAFF IS REQUIRED BY LAW TO REPORT THE ALLEGED CHILD ABUSE, WHICH THE PERSON HAS GOOD REASON TO BELIEVE HAS OCCURRED, TO THE APPROPRIATE GOVERNMENT AUTHORITIES.

THE INITIAL CONSULTATION FEE IS \$500.00, WHICH IS PAYMENT FOR MEETING WITH CHRISTINA MOLITOR FOR UP TO ONE HOUR. IF THE INITIAL CONSULTATION EXCEEDS ONE HOUR, THE ADDITIONAL TIME WILL BE CHARGED AT HER HOURLY RATE OF \$500.00 PER HOUR.

PLEASE BE ADVISED THAT THE INITIAL CONSULTATION FEE WILL BE COLLECTED PRIOR TO YOUR APPOINTMENT. CHECKS SHOULD BE MADE PAYABLE TO "CHRISTINA MOLITOR, P.C." WE ALSO ACCEPT CASH AND CREDIT CARDS.

I AGREE TO PAY ATTORNEY FEES AS SET FORTH HEREIN.

Date

Client Signature