



A Professional Association

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**Please fill out and send via fax**

**GENERAL INFORMATION**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Consultation

\_\_\_\_\_  
Last Name First Name Middle Initial Sex Date of Birth

\_\_\_\_\_  
Street Address Apt No. City State Zip Code

\_\_\_\_\_  
Email Address Home Phone No. Cell Phone No. Work Phone No.

\_\_\_\_\_  
Alternate Contact Relationship Telephone No.

\_\_\_\_\_  
Social Security No. Drivers License No. State

How did you hear about us? (Check all that apply)

- Word of Mouth
- Attorney Referral
- Direct Mail Advertisement
- Friend / Family
- Newspaper: \_\_\_\_\_
- Yellow Pages
- Other: \_\_\_\_\_  
*please specify*

**REASON FOR VISIT**

Contract (draft/review) \_\_\_\_\_ Property Dispute \_\_\_\_\_ Domestic / Family \_\_\_\_\_

Injunction \_\_\_\_\_ Neighbor Dispute \_\_\_\_\_ Condo / Association \_\_\_\_\_

Employment Law \_\_\_\_\_ Litigation \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
Reason for Visit (brief explanation)  
\_\_\_\_\_  
\_\_\_\_\_

Opposing Party if any \_\_\_\_\_

**PAYMENT INFORMATION**

What Method of Payment will you be using today?

Cash  Check

Credit Card \_\_\_\_\_  
Credit Card No. Exp. Date Security Code

*I understand that this consultation is free and the information I have provided will remain confidential. If I choose to hire The Law Office of Danise Ponton, P.A., a separate agreement will be signed by the parties reflecting the scope of services, the total amount due and owed, and the method of payment. I agree that no legal advice has been tendered here today unless otherwise stated in a separate agreement. Said agreement will reflect scope of services and a predetermined method of payment. Any information provided to me today is for the sole purpose of assisting me in making a sound decision on whether I will choose to retain the services of The Law Office of Danise Ponton, Esq. at a later time.*

\_\_\_\_\_  
Print Name Signature Date

**PRIVILEGED AND CONFIDENTIAL**