

# The Law Office of Judith B. Paul, LLC

## **Client Information**

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

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

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

City, State, Zip \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Date of Birth (year only) \_\_\_\_\_ Social Security Number (last 4 digits only) \_\_\_\_\_

Email Address \_\_\_\_\_

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

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Method of payment check [  ] Credit Card [  ] Cash [  ]

If you have indicated payment by credit card, and you authorize this firm to charge your credit card account for services as they are rendered, please circle the type of card and sign below:

Discover   Mastercard   Visa No: \_\_\_\_\_ Exp. Date \_\_\_\_\_

CVV# (the 3-digit number on the back of the card) \_\_\_\_\_

Name of Credit Card holder \_\_\_\_\_

Billing address \_\_\_\_\_

Your credit card numbers are never kept permanently on file and will be deleted after use.

\_\_\_\_\_

Client signature

I have received a copy of the retainer agreement associated with this law Firm and understand that I am responsible for all fees, costs and services associated with the professionals in this firm including the initial conference or consultation unless other payment arrangements have been made. The firm will bill me according to my billing, fee or retainer agreement that I have received and read.

\_\_\_\_\_

Client signature