

Barrington Injury Attorneys

224 W. Main Street
Barrington, IL 60010
(847) 381-8700

<i>Office Use Only</i>	
_____	_____
Initials	Date
Client Information Entered	

DATE: _____

CLIENT INFORMATION:

NAME(S) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ BUSINESS PHONE _____

BUSINESS PHONE _____

CELLULAR _____ E-MAIL _____

CELLULAR _____ E-MAIL _____

May we contact you via email? _____ YES _____ NO

May we invoice you via email? _____ YES _____ NO

PERSON(S) TO CONTACT IN THE EVENT WE CANNOT REACH YOU:

NAME(S) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ BUSINESS PHONE _____

CELLULAR _____ E-MAIL _____

PREVIOUS ATTORNEY: _____ NONE

NAME _____

FIRM _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

HAVE YOU BROUGHT ANY LEGAL PROCEEDINGS OR COMPLAINTS AGAINST ANY OF YOUR PREVIOUS ATTORNEYS, OR HAD PROCEEDINGS OR COMPLAINTS BROUGHT AGAINST YOU BY ANY OF YOUR PREVIOUS ATTORNEY(S)?
YES _____ NO _____

IF YES, PLEASE EXPLAIN _____

HOW DID YOU HEAR ABOUT OUR FIRM?

DESCRIBE THE NATURE OF YOUR LEGAL CONCERNS:

- *Your appointments are very important to us. We ask that if you must cancel or reschedule any appointment, you please provide us with 48 hours' notice. This way, we*

Barrington Injury Attorneys

224 W. Main Street

Barrington, IL 60010

(847) 381-8700

are able to adjust our schedules accordingly. Any notice given less than 48 hours or "No Shows" will be charged a \$100 Cancellation Fee. We thank you for your understanding.

I/We understand that this initial consultation does not constitute future legal representation until such time that a written fee agreement has been signed by Barrington Injury Attorneys and me/us, or other communication has otherwise been made outlining the fee/legal services agreement. Either you or Barrington Injury Attorneys may terminate this representation in the future.

Signature

Signature