



## NEW CLIENT/CONSULTATION INFORMATION

Consultation Date:	
Meeting with:	
Referral:	
Nature of Meeting	
If Individual:	YOUR CONTACT INFORMATION
Full Name:	
Surname at Birth	
Date of Birth:	
Home Address:	
Phone Number:	
Email Address * :	
	*The email address provided will be used by the firm for communication purposes*
Occupation(s):	
SPOUSE'S INFORMATION	
Full Name:	
Surname at Birth:	
Date of Birth:	
If Company:	YOUR COMPANY'S CONTACT INFORMATION
Company Name:	
Address:	
Phone Number:	
Email Address:	

**OTHER PARTY INFORMATION**

Company Full Name:	
Address:	
Counsel:	

\*Please note that we do charge for Consultations\*

**OFFICE USE ONLY**

Select One:	<input type="checkbox"/>	Driver's License
	<input type="checkbox"/>	Birth Certificate
	<input type="checkbox"/>	Passport
	<input type="checkbox"/>	Other (specify type)
Date of ID Verification:		
Identity Verified by:		
<i>Date of File Opening:</i>		
<i>Client/Matter Number:</i>		
<i>Introducing Lawyer:</i>		
<i>Responsible Lawyer:</i>		
<i>Date of Conflict Check:</i>		
<i>Conflict Check Completed</i> <i>By:</i>		

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## **PAYMENT BY CREDIT CARD AGREEMENT**

I authorize Rosen Sack L.L.P. to draw upon my Visa or MasterCard the fees associated with my first meeting/consultation ONLY.

**\*\* Please note we do not accept American Express cards \*\***

Credit Card Number: \_\_\_\_\_

Expiry Date of Credit Card: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Amount: \_\_\_\_\_