



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>		

NEXT PAGE ...



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: _____