

PATRICK G. HUBBARD

Attorney at Law

Client Information Sheet

NAME: _____

ADDRESS: _____

STREET OR BOX # _____ CITY _____ STATE _____ ZIP _____

TELEPHONE #: HOME _____ WORK _____

CELL _____ FAX _____

E-MAIL ADDRESS: _____

PLACE OF EMPLOYMENT: _____

EMPLOYMENT ADDRESS: _____

STREET OR BOX # _____ CITY _____ STATE _____ ZIP _____

TITLE: _____ DATE OF BIRTH: _____

REFERRED BY:

- Yellow Pages Humble/Kingwood/Atascocita Directory Firm Website Internet Search Return Client
 Local Newspaper Electronic Newsletter Local Community Memberships Community Sponsorships
 Friend/Relative: _____ Other: _____

DESCRIPTION OF LEGAL WORK TO BE DONE: _____

FEE ARRANGEMENT: Unless otherwise specifically noted hereon, the fee shall be calculated on time billed at the hourly rate of \$350.00 per hour. Records are kept for all time spent on behalf of a client, including telephone calls. The following additional expenses will also be charged as applicable: postage, copy machine, long distance telephone charges, filing fees, and other out-of-pocket expenses.

OTHER FEE ARRANGEMENTS:

I understand that I am responsible to pay for services when rendered according to the agreement between Mr. Hubbard and myself. Failure to pay when due will result in late charges accruing on past due amounts (\$15.00 after 30 days from billing date and \$15.00 per month thereafter.)

CLIENT SIGNATURE

DATE

GUARANTOR – If Applicable

AMOUNT PAID \$ _____

Credit Card Check Cash