

Client Information Sheet – Power of Attorney

Office Use Only

Please fill out as completely as possible. Thank you!

Client's Information

Name: _____ Preferred name: _____
First Name Middle Last Name

Address: _____ Employer: _____
City State Zip Employer address:

Birth Date: _____ Previously Married? _____ Children from previous marriage? _____

Birth city/state: _____ Social Security No.: _____ Driver's Lic. No.: _____

Home ph: _____ Work ph: _____ Fax: _____

Cell: _____ Email: _____

Confidential messages may be left for me via (check **ALL** that apply):

Recording at office Recording at home Recording at cell Email Fax Other: _____

How did you hear of our office: Allen Image Allen Online Facebook Other: _____

Fee Agreement for Initial Consultation

Charges for an initial office consultation must be paid at the time of the appointment unless other arrangements have been made with the attorney prior to the appointment. Consultation charges are as follows:

Up to one-half hour: \$150.00

Over one-half hour: \$75.00 per ¼ hour increments

No services will be performed beyond the initial consultation without a written engagement contract.

Your questions about professional fees are invited. The attorney-client relationship is better served by open discussion of fees. This information has been provided to you so that you will have a pre-interview opportunity to consider financial arrangements.

The State Bar of Texas investigates and prosecutes professional misconduct committed by Texas attorneys. Although not every complaint against or dispute with a lawyer involves professional misconduct, the State Bar's Office of General Counsel will provide you with information about how to file a complaint if you feel one is warranted. You may call 1-800-932-1900 for more information.

I have read and understand the above, and agree to pay the above consultation fee.

Your signature Date

Who do you want to name as Principal on the Power of Attorney?

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Who do you want to name as Agent (to act on behalf of Principal) on the Power of Attorney?

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Limitations on powers of attorney: _____