



INITIAL CLIENT INTERVIEW FORM

The purpose of an Initial Office or phone Consultation is for **THE ATTORNEY** to advise you, the prospective client, what, if anything, may be done for you, and what the minimum fee will be. The purpose **IS NOT** to render a definitive legal opinion as it may be impossible to fully assess a matter within the time frame allotted for a consultation or with the information or documents that you may be able to provide at the initial consultation.

One of these three outcomes is possible following your initial office or phone consultation:

- A.** You and the Attorney may mutually agree to the terms of representation **(after a separate document called a Legal Retainer Agreement has been signed and a copy provided to you.);** or
- B.** The Attorney declines representation; or
- C.** You decide not to use the services of the Attorney.

NOTE: The following questions will aid us in understanding the reason for your initial office or phone consultation. Your responses are protected by the Attorney/Client privilege and will be held in strict confidence. All blank spaces must be fully completed in order to be considered as a new client by this law firm.

Client's Name: _____

Address: _____

Phone: _____

Email: _____

Occupation: _____

Employer: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS PRIOR TO YOUR SCHEDULED APPOINTMENT IN FULL DETAIL:

1. Please briefly describe what you may need legal advice about or legal assistance with today:

2. Are there other parties involved? (Examples: a friend, an employer, a neighbor, a witness etc. This should include people or parties on either side of your legal issue).

Party _____ Relationship _____

Party _____ Relationship _____

Party _____ Relationship _____

Party _____ Relationship _____

Party _____ Relationship _____

3. On the lines below, list the documents (if any) which you think may help us to understand the issues.

A. _____

B. _____

C. _____

D. _____

4. Ideally, if things turn out exactly the way you envisage, what would be the best outcome for you?

5. Knowing that there are no guarantees, what will be an acceptable outcome for you?

6. Please classify your level of urgency in concluding this matter?
(Check One)

☐ **Critical** – Personal safety or immediate continuation of business depends on it.

☐ **Very important** - severe hardship and personal or financial inconvenience is likely to occur if the matter is not resolved quickly.

☐ **Important** – The matter interferes with business or personal financial stability.

☐ **Need to be done**, but there is no immediate hardship in the interim.

☐ **Just thought I'd see if it was worth pursuing**, but I'm not counting on anything.

☐ **Just wanted to know what my rights are**, I'll then let you know after I think about it.

7. If this legal matter involves payment to you of money you feel you are owed, how long can you wait before getting paid?

(Days, Weeks, Months, Years)

8. Are we the first attorney(s) you have consulted regarding this matter?

Yes ☐ No ☐

9. If your answer is "No" to Question 8 above, please answer the following: who have you consulted previously? When did you consult this attorney(s)? Why didn't you hire their services? Did this attorney(s) refuse to take your case? If your case was refused, what reason did this attorney(s) give you for refusing to take your case?

10. Have you ever been represented by an attorney before?

Yes [] No []

11. If your answer to Question 10 is "yes", please state the circumstances?

(NOTE): The requested information will be kept confidential. It will not be shared with any other third-party that is not employed by this law firm. It is requested to determine your past experiences with the legal system. In order for this firm to accurately assess your expectations regarding the legal system and, if necessary, realistically explain the emotional and financial commitment needed, as well as time, expense, and stress involved in a typical legal proceeding, we need to know your past legal experiences. This information must be completed in order to be considered as a new client of this law firm.

12. How will you pay for your attorney's fees in this matter?

[] Cheques [] Cash [] Bank Transfer

13. Marital Status: **[] Married [] Single [] Divorced [] Widowed [] Separated**

14. Are you known by any other names? **Yes [] No []**

If yes, what are your other name(s)? _____

(e.g. a nickname, a former name, your maiden name, etc.)

- 15.** If your mail is returned as undeliverable or your e-mail is disconnected, or your phone is disconnected, please provide the name of someone (a friend or a relative) who you believe will always know how to contact you.

Name: _____

Relationship: _____

Address: _____

Phone No.: _____

- 16.** How did you learn about our firm? **(Check all that applies)**

☐ **Former Client Referral** (Please list name of former client who referred you to this firm):

☐ **Business Referral** (Please list name of business that referred you to this firm):

☐ **www.amakaekelawoffice.com (website)**

☐ **Word of Mouth**

☐ **Professional Reputation in Area of Expertise**

☐ **Other** (Please list specific reason for marking "Other")

PLEASE READ CAREFULLY & SIGN BELOW

Following your Initial Office Visit/phone consultation, if you agree to hire the Attorney, and the Attorney agrees to represent you,

you will both sign a Retainer Agreement. The Retainer Agreement will set forth the terms and conditions of representation. If the Attorney is willing to represent you and you decide not to sign a Retainer Agreement at the Initial Office Visit/phone consultation, you are strongly urged to schedule a second appointment with the Attorney at the earliest possible time for a follow-up meeting or to immediately consult with other legal counsel to protect your rights.

NOTICE: This firm does not represent you with regard to the matters set forth by you in this information sheet and/or discussed during your Initial Phone Consultation and/or Initial Office Visit UNLESS AND UNTIL both you and the Attorney executes a written Retainer Agreement and you pay the Retainer Fee.

If the Attorney does not agree to represent you, the non-representation is with regard to the matter set forth by you on this information sheet, not in respect of any other matter(s) which you may or might have discussed with the Attorney during your Free Initial Phone Consultation and/or Initial Office Visit. If your legal problem(s) involve a potential lawsuit, it is important that you realize a lawsuit must be filed within a certain period of time called the Statute of Limitations. Therefore, the Attorney strongly urges you to immediately consult with another attorney to protect your rights. The Attorney's decision not to represent you should not be taken by you as an expression regarding the merits or otherwise of your case.

Your signature acknowledges only that you received a copy of this completed information sheet and does not mean that you have hired the Attorney.

SIGNATURE:_____ DATE:_____

THANK YOU FOR COMPLETING THE INITIAL OFFICE/PHONE CONSULTATION CLIENT INTERVIEW FORM. AS PREVIOUSLY STATED, ALL INFORMATION PROVIDED WILL BE KEPT CONFIDENTIAL. SPECIFICALLY, IT WILL NOT BE SHARED, DISSEMINATED, OR DISTRIBUTED TO ANY THIRD PARTY THAT IS NOT EMPLOYED BY THIS LAW FIRM AND IT IS PROTECTED BY THE ATTORNEY-CLIENT PRIVILEGE.

THIS PORTION TO BE COMPLETED BY THE ATTORNEY

☐ Will represent (see New Case Memo and Agreement for Representation attached)

☐ Will investigate and report (Scheduling a follow-up conference for____ days)

☐ Representation declined – Letter of declination will be sent

☐ Party will “think about it” and get back with us – No action to be taken and party was so informed.

☐ Client declined representation at this time.

Interviewed by.....this____ day of _____

NOTES:
