

HUBBARD & ROTTHIER

Attorneys 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: _____

I understand that I am responsible to pay for services when rendered according to the agreement between Hubbard & Rotthier, Attorneys at Law 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