

*Law Offices of*  
**CHARLES R. SMITH, P.L.L.C.**

TucsonLegal.com

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**NEW CLIENT INFORMATION SHEET**

Name: \_\_\_\_\_ Name#2: \_\_\_\_\_

SS#: \_\_\_\_\_ SS#2: \_\_\_\_\_

Client Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer#2: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Referred by: \_\_\_\_\_

(If Internet, what website was searched? \_\_\_\_\_)

Initial Consultation: Up to one (1) hour at fifty percent (50%) of attorney hourly rate.

Current hourly rates:	Charles R. Smith:	\$300.00
	Cathleen J. Henniges:	\$210.00
	Legal Assistant:	\$140.00

I/we understand that hourly rates will be charged for any legal service time beyond the above stated initial consultation. I/we promise to pay reasonable attorneys fees according to bills rendered or as otherwise agreed. Bills are due within fifteen (15) days of receipt, unless other payment arrangements are made in advance. Interest is charged at the rate of eighteen percent (18%) per annum on past due balances.

Unless a limitation in scope or time is specified, it is intended that there be an ongoing attorney-client relationship. All persons requesting legal services are personally liable, jointly and severally, for all fees and expenses in our performance of legal services performed for you or otherwise performed at your direction for any legal entity or informal group. Any advance payment of fees is considered earned-on-receipt and will not be deposited into our client trust account. If you terminate the representation before we have provided all legal services as agreed, you may be entitled to a refund of all or part of the flat fee or advance payment based on the value of the legal services performed prior to termination.

If applicable, the undersigned authorizes the law offices of Charles R. Smith, P.L.L.C. to apply for and receive a taxpayer or employer identification number on behalf of any entity, estate or trust, and answer questions about completion of IRS Form SS-4 and to sign said form on my/our behalf.

All clients must sign below:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature#2)

\_\_\_\_\_  
(Date)