



LOMURROLAW

T R I A L L A W Y E R S

Date: _____

Name: _____ Spouse: _____
 First Middle Last

Street Address: _____

City, State & Zip: _____

Mailing Address (if different): _____

Email Address: _____

Phone (home): _____ Social Security No.: _____

Phone (cell): _____ Date of Birth: _____

Phone (work): _____ Corporate Tax ID: _____

Driver's License No.: _____ City of Birth: _____

Employer: _____

Employer's Address: _____

Occupation: _____

Nature of your case: (please check one):

- Accident or Injury
- Medical Malpractice
- DWI/DUI
- Criminal
- Family Law
- Wills/Trusts
- Estates
- Real Estate
- Employment
- Worker's Comp.

You chose this office because:

- Referred by lawyer/lawyer's
- Referred by former client/friend
- You are a former client
- Website/Internet
- Billboard
- Newspaper
- Seminar
- Other: _____

Name: _____

Name: _____

Title of Newspaper: _____

Title of Seminar: _____

Preferred communication method:

Case Correspondence:	<input type="radio"/> Regular Mail	<input type="radio"/> Email
Firm Newsletters:	<input type="radio"/> Regular Mail	<input type="radio"/> Email
Upcoming Seminars & New Jersey Law Updates:	<input type="radio"/> Regular Mail	<input type="radio"/> Email

Date: _____

For Professional Services Rendered:

NAME: _____

CONSULTATION FEE AMOUNT \$ _____

This receipt is given to acknowledge payment by you for an INITIAL CONSULTATION. There is no ongoing attorney-client relationship created by this payment and no further services by this Law Firm or any of its attorneys are expected or anticipated by you, nor due from this law firm to you, UNLESS and UNTIL, a Retainer Agreement specifying the exact services to be rendered and the cost for such services, is signed by you and the Law Firm and a Retainer Fee is paid by you.

I acknowledge that I do not have an ongoing relationship with Lomurro, Munson, Comer, Brown & Schottland, LLC.

Signature: _____

Dated: _____

Receipt of payment is hereby acknowledged on behalf of Lomurro, Munson, Comer, Brown & Schottland, LLC.

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