

## Client Consultation Information

*(There is a \$75.00 1-hour consultation fee for this appointment, unless otherwise agreed upon with the attorney, please pay this fee prior to your scheduled appointment)*

**Today's Date:** \_\_\_\_\_

**Consult Fee Paid: Yes No Waived** (circle one)

Name:

\_\_\_\_\_

First

M.I.

\_\_\_\_\_

Last

Spouse:

(If necessary)

\_\_\_\_\_

First

M.I.

\_\_\_\_\_

Last

Mailing address:

\_\_\_\_\_

Street number

\_\_\_\_\_

Street name

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

Email address: \_\_\_\_\_

Home phone: \_\_\_\_\_

( )

Cell phone: \_\_\_\_\_

( )

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Driver License No.

\_\_\_\_\_

Social Security No.

**Were you referred to this office by someone?**    Yes    No

**If Yes, who referred you?** \_\_\_\_\_.

**Which Attorney do you have an appointment with today?**

Peter Antkoviak II

Christopher Antkoviak

**What kind of matter do you need legal services for at this time?**

(Please circle the item pertaining to your matter)

Adoption

Divorce

Custody/Parenting Time

Paternity

Durable Powers of Attorney

Wills/Trust Work

Real Estate

Driver License Restoration

Guardian/Conservator

Landlord/Tenant

Incorporation/LLC

Estate

Expungement

Other: \_\_\_\_\_