

LAW OFFICES OF KEN KOENEN

KEN KOENEN, LLM - TAXATION

TAXATION
ESTATE PLANNING
PROBATE
REAL ESTATE
BUSINESS
MEDIATION
WINE LAW
Web: www.lawken.com

24654 N. LAKE PLEASANT PKWY
SUITE 103-290
PEORIA, AZ 85383
TEL: 623-888-6340
FAX: 623-321-9638
ken@lawken.com

Initial Consultation for Clients

Please use this information as a guideline of how our office conducts consultations. The initial consultation it is a fixed fee of \$200.00.

The client has up to one hour to consult with Ken either in person or over the phone and will address any and all issues regarding the help the client will need.

When the initial consultation is over, both client and the attorney can decide if they want to go forward.

If the attorney and the client agree to representation by the attorney, a letter of engagement will be prepared by our office along with an amount of the retainer which has to be paid prior to any work being started.

This office is not representing a client until the letter of engagement has been signed and returned to our office along with the estimated retainer.

LAW OFFICE OF KEN KOENEN

Dated _____

Name _____

Address _____

City/Zip _____

Telephone Number _____ Fax Number _____

Cellular Phone _____

Date of Birth _____

E-Mail Address _____

Employer _____

Address _____

City/Zip _____

Work Number _____ Fax Number _____

SPOUSE INFORMATION

Name _____

Address _____

City/Zip _____

Telephone Number _____ Fax Number _____

Cellular Phone _____

Date of Birth _____

E-Mail Address _____

Employer _____

Address _____

City/Zip _____

Work Number _____ Fax Number _____

How did you hear about us? Referred by: _____

Internet: Which web site?: _____ Other: _____

What is the best telephone number to reach you at? _____

The second? _____

TYPE OF MATTER

- | | | |
|---|---|---|
| <input type="checkbox"/> Taxation | <input type="checkbox"/> Tax Return Preparation | <input type="checkbox"/> Wills/Estates/Trusts |
| <input type="checkbox"/> Probate/Trust Administration | <input type="checkbox"/> LLC/Corporation | <input type="checkbox"/> Mediation Services |
| <input type="checkbox"/> Self-Directed IRA | <input type="checkbox"/> Other _____ | |

If your mail is ever returned to us or your telephone service is ever interrupted or terminated, please provide the following information for someone (friend or relative) whom you trust and believe will always know how to contact you.

Name: _____

Address: _____

Phone No.: (____) _____ Relationship to You: _____

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW.

If you agree to hire the Attorney following your initial consultation, and the Attorney agrees to represent you, you will both sign a Fee Agreement and/or Agreement for Representation. The 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 Fee Agreement and/or Agreement of Representation today, you are strongly urged to schedule a second appointment with the Attorney at the earliest possible time or to immediately consult with other legal counsel to protect your rights.

NOTICE: This office does not represent you with regard to the matters set forth by you in this information sheet or discussed during your consultation unless and until both you and the Attorney execute a written Fee Agreement and/or an Agreement for Representation.

If the Attorney does not agree to represent you, this includes not representing you with regard to the matter set forth by you on this information sheet or any other matters you may discuss with the Attorney during your consultation. 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 a 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 of your case.

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

Your signature below acknowledges that you were previously informed of and agreed to pay the Attorney's Initial Consultation Fee of \$200.00 prior to the consultation.

Your signature below acknowledges that should you cancel any appointment that you have made for this consultation with less than 24 hours notice, you will be charged the full consultation fee of \$200, which will immediately be due and payable.

SIGNATURE: _____ Date: _____

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CREDIT CARD CHARGE AUTHORIZATION

I, _____, hereby authorize the Law Offices of Ken Koenen to charge my credit card in the amount of \$200.00. I understand that you are setting aside time for this consultation, and should I cancel any appointment made for this consultation with less than 24 hours notice, I understand that the full consultation fee will be charged.

Card Type: _____ Visa _____ Mastercard _____ American Express _____ Discover
(Check one)

Card Number: _____

Expiration Date: _____ CRV No. _____

Billing information for credit card:

Name on Card: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

I certify that I am an authorized owner or user of this credit card.

As the credit card holder, I authorize the Law Offices of Ken Koenen to charge my account in the amount shown above for services performed today. I agree to honor this charge and be responsible for full payment thereon.

Signature: _____

Print Name: _____

Date: _____