

Today's Date: _____

Who referred you to our office? _____

Reason for your visit:

Divorce	Termination/Adopt.
Modification	Child Support
Paternity	Name Change
Protective Order	Pre-Marital Agreement
Enforcement	Other:

CLIENT CONSULTATION AGREEMENT

As a service to our clients, the Ramos Law Firm provides an initial 30 minute consultation for all contested cases at a reduced rate of \$100. At the conclusion of the initial 30 minute consultation, a **\$125.00 flat fee will be assessed for every 30 minutes thereafter.**

In your initial consultation, you and the attorney will identify the type of case you have, the key issues and the options you may have under the law. You and the attorney will discuss whether the firm will represent you, what the representation could involve and the amount of the initial retainer that would be required.

While this firm offers an initial 30 minute consultation at a reduced rate, you must first sign this agreement before receiving any professional services. Furthermore, any additional time above and beyond the initial 30 minutes, will be billed in 30 minute increments at the rate of \$125 and will be due immediately following the consultation.

At the conclusion of the consultation, the attorney can provide you with a contract for legal services and with the client information questionnaires. If you or the firm fails to sign this contract for legal services, an attorney-client relationship between you and the firm will not extend beyond the initial consultation. However, any communications you make to the attorney during the initial consultation are protected by attorney-client privilege.

Privacy Policy Notice: Attorneys, like other professionals who advise on personal financial matters, are required by a federal law (the Gramm-Leach-Bliley Act) to inform their clients of their policies regarding privacy of client information. Attorneys have been and continue to be, bound by professional standards of confidentiality that are even more stringent than those required by this new law. Therefore, we have always protected our clients' right to privacy. In the course of representing our clients, we receive all manners of significant personal/financial information. If you become a client of this firm, you are advised that all information we receive from you will be held in confidence and not released to outside persons, except as agreed to by you or as required under applicable law. We retain records relating to professional services that we provide to assist our clients with their professional needs and in some cases, to comply with professional guidelines. To guard your nonpublic personal information, we maintain physical, electronic and procedural safeguards that comply with our professional standards.

As evidenced by my signature below, I have read, understand and agree to the terms of this contract and consultation which states there is a reduced fee of \$100 for the first 30 minutes and a fee of \$125 for every 30 minutes thereafter.

Print Name

Signature

Date

CLIENT INFORMATION SHEET

The following is a series of questions which will help us identify many areas of importance in your case. It is very important that you completely fill in all of the blanks below. Some of these may not apply to your case and therefore simply identify those which do not by "NA". Please understand that Mary E. Ramos does not represent you in this matter until a contract is executed by you and Mary E. Ramos.

Personal Information

PETITIONER/MOVANT/INTERVENOR

Name _____

Address _____

City, State, Zip _____

Phone (H) _____ (W) _____

Cell: _____

Email: _____

Date of Birth: _____ Place of Birth _____

TDL: _____ SSN(Last 4): _____

Social Web Page Url: _____

RESPONDENT/OTHER PARTY

Name _____

Address _____

City, State, Zip _____

Phone (H) _____ (W) _____

Cell: _____

Email: _____

Date of Birth: _____ Place of Birth _____

TDL: _____ SSN(Last 4): _____

Social Web Page Url: _____

INFORMATION REGARDING CHILDREN:

Name (1): _____

SSN(Last 4): _____

Date of Birth: _____

Place of Birth: _____

Sex: MALE OR FEMALE

Born/Adopted **during** this marriage? _____

Disability, if any: _____

Name(3): _____

SSN(Last 4): _____

Date of Birth: _____

Place of Birth: _____

Sex: MALE OR FEMALE

Born/Adopted **during** this marriage? _____

Disability, if any: _____

Name(2): _____

SSN(Last 4): _____

Date of Birth: _____

Place of Birth: _____

Sex: MALE OR FEMALE

Born/Adopted **during** this marriage? _____

Disability, if any: _____

Name(4): _____

SSN(Last 4): _____

Date of Birth: _____

Place of Birth: _____

Sex: MALE OR FEMALE

Born/Adopted **during** this marriage? _____

Disability, if any: _____

ADDITIONAL INFORMATION

Date of Marriage _____

Date of Separation _____

Place of Marriage _____

Wife's Maiden Name _____

How long have you been a resident of Texas? _____

How long as Resident of this County _____

Check as appropriate if difficulty involves any of the following:

____ Drugs/Alcohol Party _____ Date _____

____ Sexual Disappointment Party _____ Date _____

____ Sexual Infidelity Party _____ Date _____

____ Financial Dispute Party _____ Date _____

____ Physical Violence Party _____ Date _____

____ Religion Party _____ Date _____

____ Incompatibility Party _____ Date _____

____ Other _____

Have you or your spouse ever filed for a divorce?

Does your spouse have an attorney?

Have you or your spouse been married before?

Any other court have jurisdiction?

Do you or your spouse receive child support?

Do you or your spouse pay child support?

Does either party have other children?

Is custody in dispute?

Custody will go to whom? _____

Child Support requested?

Is a geographic restriction requested?

To where? _____

Either party carry health insurance on the children?

Who and at what cost per month? _____

Are there any assets or debt to divide?

If yes, please give a brief description of the assets or

debts to be divided and who should be awarded each asset or debt: _____

ADDITIONAL INFORMATION

Will you be requesting any of the following? (Check all that apply)

<input type="checkbox"/>	Spousal Support	<input type="checkbox"/>	Attorney Fee Reimbursement	<input type="checkbox"/>	Disproportionate Share of the Assets
<input type="checkbox"/>	QDRO	<input type="checkbox"/>	Protective Order	<input type="checkbox"/>	Warranty Deeds
<input type="checkbox"/>	Name Change	<input type="checkbox"/>	Other: _____		

State anything else the attorney should know: _____

CREDIT CARD AUTHORIZATION

I, _____, give the Ramos Law Firm, 1214 Miramar Street, Houston, Texas 77006, Tel: 713-225-6200, Fax: 713-225-6201 permission to apply a total of \$_____ on my Visa or MasterCard, account # (last 4 only) XXXX-XXXX-XXXX-_____, Expiration Date:_____, CVC Code _____. Further, I agree, promise, and covenant with Mary E. Ramos, and the Ramos Law Firm, that I will not now or in the future attempt to “charge back” these fees for any reason. I further agree that a copy of this contract will serve as proof to MasterCard or Visa that your charge back request should and will be denied by the credit card companies listed above. Using the same credit card listed above, submit payment via the payment link provided on the www.ramosfamilylaw.com website.

Date: _____

Print Name: _____

Signature: _____

Billing Address: _____

(City, State, Zip): _____

Phone Number: _____

Email: _____

