



SHEP LAW GROUP

RON R. SHEPHERD
Attorney

BRENDA SEEGER
Office Administrator

JIM VERITY
Marketing Director

1990 North Meridian Road
Meridian, ID 83646

Client Intake Questionnaire

This confidential information is for our records only. Please complete fully, sign and date.

Section I:

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

SSN: _____ Email: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____ Fax: _____

Employer: _____ Phone Number: _____

May we contact you at these phone numbers? () YES () NO If not, please provide alternate telephone number(s) where you may be reached: _____

Section II:

Are you married? Yes No If yes, complete the following:

Spouse's Name: _____ Spouse's SS#: _____

Spouse's Employer: _____

Section III:

Emergency Contact: _____ Relation: _____

Address: _____ Phone Number: _____

Section IV:

Have you ever had an attorney represent you in this matter? YES () NO ()

If YES, please provide the name of the attorney: _____

Are you a current or former client of Shep Law Group? YES () NO ()

Purpose of this Appointment: _____

Section V:

How did you hear about Shep Law Group?

Referred by: _____

Facebook: _____ Television: _____ Radio: _____ Google: _____ Bing: _____ Other: _____

Section VI:

NOTICE OF PAYMENT OBLIGATION

By signing below, I acknowledge that I understand and agree to the following terms upon which I engage the legal services of Shep Law Group ("SLG"):

1. I am responsible for payment of all costs incurred and fees earned for which I am seeking counsel. Attorney time will be billed at \$225.00 per hour at one-tenth hour increments. The initial consultation is not free. All time expended will be my responsibility to pay.

2. I will be billed on a monthly basis and my account must be paid in full each month unless other arrangements are made. If I have more than one matter with the firm, I hereby consent and direct any payment that I make be applied to the oldest account first. Past due accounts will accrue interest at the rate of 18% per annum.

3. If a retainer is required, I must pay the retainer in full before SLG is obligated to commence legal services. If a retainer is paid, such retainer will be applied to my monthly bill until depleted. I further understand that once my original retainer is depleted, it must be replenished in an amount equal to the original retainer amount and, if not, SLG may, in its sole discretion, withdraw or otherwise discontinue legal services on my behalf. Once the retainer is depleted, I am responsible to pay each bill received from SLG upon receipt to the extent such bill is not paid from the retainer.

4. If I do not comply with the payment requirements, SLG may withdraw from my case and my account may be sent to a billing/collection agency, wherein additional costs may be incurred. If SLG incurs collection costs, including, but not limited to, attorney fees, I agree to pay the pre-lawsuit and post-lawsuit costs and attorney fees SLG incurs in collection.

I HAVE READ AND CAREFULLY CONSIDERED THE TERMS SET FORTH HEREINABOVE, AND I UNDERSTAND AND AGREE TO SUCH TERMS.

Signature: _____

Date: _____

For SLG Official Use Only:

| | |
|--|--------------------------------|
| Matter Number: | Matter Description: |
| Retainer Amount Quoted: | Retainer Received: () Y () N |
| Billing Type (Circle One): Hourly Flat Fee Contingency | |
| Payment Arrangements: | |