



CYNTHIA CROFOOT RIGNANESE, ESQUIRE RIGNANESE & ASSOCIATES, PLLC

*"Practicing Law Locally, Thinking Globally"
(Since 1991)*

CLIENT INFORMATION SHEET

Please complete the following questionnaire. This information will assist us in conducting our conference. When you have completed the questionnaire, please return it to the receptionist. PLEASE PRINT.

- | | | |
|----|----------------------|----------------------|
| 1. | NAME: | NAME: |
| 2. | ADDRESS (Residence): | ADDRESS (Residence): |
| 3. | ADDRESS (Mailing): | ADDRESS (Mailing): |
| 4. | DATE OF BIRTH: | DATE OF BIRTH: |
| 5. | SOC. SEC.# | SOC. SEC.# |
| 6. | PHONE NUMBER(S): | PHONE NUMBER(S): |
| | Work: | Work: |
| | Home: | Home: |
| | Mobile: | Mobile: |
| | E-Mail: | E-Mail: |
- (providing an e-mail address authorizes the forwarding of correspondence and documents electronically).
7. Where do you prefer to receive phone calls? _____
8. Is this your first visit? _____. If Yes, how did you find out about our firm? _____
Did you find us via the Florida Bar #1-800-342-8011? _____
9. Please specify the subject for which you are seeking legal counsel:

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Estate Planning/Will/Trust | <input type="checkbox"/> Corporation/Business | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Probate | <input type="checkbox"/> Real Property | |

FEES: Unless a different fee arrangement is agreed upon, legal services are charged at our normal hourly rate. The rate is subject to change periodically. The undersigned, jointly and severally, promises to pay at the current rates:

**CYNTHIA CROFOOT RIGNANESE - Attorney-at-Law - \$405.00 per hour;
Paralegal - \$150.00 per hour**

Unless otherwise agreed, client consents to retainers being non-refundable and earned by the attorney on receipt, per Florida Bar Rule 5-1.1. The file set up fee is \$50.00. Payment for services rendered and costs incurred, are due upon receipt of statement. In the event payment is not received within 15 days after date of statement, a late payment charge of 1 ½ % per month (ANNUAL RATE 18%), or the maximum allowed by law, on the unpaid balance, and the cost of collection, including reasonable attorney fees, shall be due. Jurisdiction and venue for any collection action shall be Polk County, Florida. There shall be a \$75.00 fee charged for all returned checks.

Client hereby acknowledges that Attorney reserves the right to destroy any files, documents, original documents and other information provided by Client, or as a result of attorney work product, one (1) year from the date services were rendered, without further notice. Client acknowledges and consents to the purging of files. Client authorizes use of electronic or paper files, in the attorney's sole discretion.

FACSIMILE AND/OR ELECTRONIC SIGNATURES SHALL SERVE AS ORIGINALS.

CLIENT _____ DATE _____ CLIENT _____ DATE _____

CORPORATE CONSENT

COMPANY: _____

OFFICER SIGNATURE: _____ TITLE: _____