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 CONSTITUTE LEGALLY PRIVILEGED INFORMATION**

**INFORMATION FORM**

(Please Print)

Date: ____/____/2009		FILE NUMBER:	New Client?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>INITIAL CONSULTATION FEE: \$150</b>	<b>State Bar/LRS</b>		
							<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>PERSONAL INFORMATION</b>									
Last name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	Marital Status:			
						<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?		(Former name):		Birth Date:	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F		
Street Address:			Social Security No.:	Home Phone No.:	Cell Phone No.:	Fax No.:			
				( )	( )	( )			
P.O. Box:		City:	State:		ZIP Code:				
Occupation:		Employer:	Email:		Employer Phone No.:				
					( )				
<b>Referral Source:</b>	<input type="checkbox"/> YellowBook.com	<input type="checkbox"/> YellowPages.com	<input type="checkbox"/> AttorneyPages.com			<input type="checkbox"/> Internet Search			
<input type="checkbox"/> Community Ad	<input type="checkbox"/> LRS/Texas State Bar	<input type="checkbox"/> Google	<input type="checkbox"/> Friend	<input type="checkbox"/> Family	<input type="checkbox"/> Other _____				
<b>BUSINESS INFORMATION</b>									
Business Name:		Address (if different):	TIN:		Business Phone No.: ( )				
					Fax No.: ( )				
<b>GENERAL INFORMATION</b>									
Contingency Fee: <input type="checkbox"/>	Flat Fee: <input type="checkbox"/>	Hourly: <input type="checkbox"/>	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMEX	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> Cash or Check		
Reason for Legal Consultation:		Card No.:			Name On Card:				
_____		Expiration Date:			3-digit CVI Code:				
_____									
_____		Billing Address of Card:			<b>OFFICE USE ONLY</b> Payment Plan Level 1: _____ Payment Plan Level 2: _____ Monthly Authorization: _____				
_____									
Please Indicate Area of Legal Assistance:		<input type="checkbox"/> Corporate/Business	<input type="checkbox"/> Family Law	<input type="checkbox"/> Tax	<input type="checkbox"/> Civil Litigation	<input type="checkbox"/> Immigration	<input type="checkbox"/> Government Administrative Law		
<input type="checkbox"/> Real Estate Law	<input type="checkbox"/> Probate	<input type="checkbox"/> Insurance Law	<input type="checkbox"/> Contracts	<input type="checkbox"/> Criminal Defense	<input type="checkbox"/> Estate Planning	<input type="checkbox"/> Other			

Case Status		OFFICE USE ONLY				Estimated Fees
<input type="checkbox"/> Case Accepted	<input type="checkbox"/> Case Rejected	Date Accepted/Rejected:				\$
Primary Attorney:	<input type="checkbox"/> Elias Lorenzana, Jr., J.D.	<input type="checkbox"/> Robert Rice, J.D.	<input type="checkbox"/> Sydney T. Stuart, J.D.	<input type="checkbox"/> Jason Miller, J.D.	<input type="checkbox"/>	
<input type="checkbox"/> Preston M. Stone, J.D.	<input type="checkbox"/> James A. Ramirez, J.D.	<input type="checkbox"/> Layne C. Reese, J.D.	<input type="checkbox"/> Adrienne Peters, J.D.	<input type="checkbox"/> Allison Post, J.D.	<input type="checkbox"/>	
<input type="checkbox"/>						
Name of Secondary Payor (if applicable):		Payor's Name:		Payor's Tel.:	Email:	
Client's Relationship to Secondary Payor:	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Business	<input type="checkbox"/> Other	
IN CASE OF EMERGENCY						
Name of Local Friend or Relative (not living at same address):			Relationship to Client:	Home Phone No.:	Work Phone No.:	
				( )	( )	
<p>The above information is true to the best of my knowledge. I authorize any payments on this account to the law firm of <b>Lorenzana Law Firm, P.C.</b></p> <p>I understand that I am financially responsible for any balance. I also authorize The Lorenzana Law Firm, P.C. to release any information required to process my claims as applicable. Copyright © The Lorenzana Law Firm, 2008, 2009.</p>						
_____ <i>Client/Guardian Signature</i>				_____ <i>Date</i>		