

**INDIVIDUAL CLIENT REGISTRATION
BEATY HATCH, A PROFESSIONAL SERVICE CORPORATION**

This office is converting to paperless practices. All documents will be sent via e-mail, including monthly billing statements. All efforts to keep clients information confidential and secure will be made, although it is assumed that the client understands the associated risks.

To opt out and have all documents sent by USPS, please check the box.

Today's Date: _____

Legal Name: _____ Home Phone No.: _____

Cell Phone No.: _____ Fax No.: _____

E-mail address: (personal) _____ (business) _____

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

Special Mailing Instructions: _____

Your Birthdate: _____ Your Soc. Sec. No.: _____

Your Occupation: _____ Your Work Phone No.: _____

Your Driver Lic. No.: _____ Your Employer: _____

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

Your Marital Status: Married Separated Divorced Single Widowed

Spouse's Name: _____ Home Phone No.: _____
(Or other person, if applicable)

Spouse's Home Address: _____ City: _____ State: _____ Zip: _____

Spouse's Birthdate: _____ Spouse's Soc. Sec. No.: _____

Spouse's Occupation: _____ Spouse's Work No.: _____

Spouse's Driver Lic. No.: _____ Spouse's Employer: _____

Spouse's Business Address: _____ City: _____ State: _____ Zip: _____

Other Person to Contact in Emergency: _____ Relationship: _____

That Person's Phone No.: _____

Person(s) or Organization Responsible for Payment, if Different from Above:

Name: _____ Phone No.: _____

Address w/Zip: _____ City: _____ State: _____ Zip: _____

HOW DID YOU HEAR ABOUT US? Yellow Pages Online Yellow Pages BH Website Yelp
 Facebook Google - To: _____ Other Internet Source: _____

Other Source: _____

Referral- referred by: _____ Previous client -Attorney: _____

Please list the full names of anyone who is, or might be on the opposing side of you in this matter (the seller if you are the buyer, the person who hit you if you have a traffic accident claim, etc.); if in doubt, put the name(s) down so we may check for potential conflicts of interest:

Adverse Party(s): _____

Adverse Party(s) Address: _____

Adverse Party(s) Phone No.: _____

HOW WILL YOU BE PAYING FOR YOUR CONSULT TODAY? Check Cash MasterCard/Visa/Discover

PLEASE READ AND SIGN:

1. I have received the Attorneys' Billing & Payment Procedures memorandum.
2. I agree to pay for the Attorneys' services as follows:
 - (a) The amount due upon my receipt of the statement of such services.
 - (b) A LATE PAYMENT CHARGE computed as 1.0 percent of the balance unpaid 30 days after the statement date, but not less than \$1.00, will be added to the balance due.
The Attorneys are entitled to charge interest of 1% per month on any unpaid balance ten (10) days after the date of the attorneys billing statement; and
 - (d) The Attorneys' costs (including reasonable attorney fees) of collecting any amount not paid by me within 60 days after the date of the settlement first setting forth such amount, whether or not such past due amount is referred to a third party for collection, and even if no civil action is filed to collect such past due amount.
3. I agree to keep the Attorneys informed of any change in my telephone number, or in my place of residence or employment.
4. **I understand that a consultation fee of one hour of the attorneys' hourly rate, which varies according to the attorney handling the initial conference, shall be due prior to the beginning of the consultation.** With respect to **bankruptcy consultations, the first half hour of a bankruptcy debtor representation initial client conference is free.** All time incurred thereafter shall be charged at the respective attorneys' hourly rate, and due at the end of the initial consultation. I further understand that the Attorney shall charge for additional legal services provided subsequent to the initial consultation as agreed between the Attorney and myself at the following rates: Jeffrey J. Hatch, Michael G. Beaty and Crystal Lewis bill at the hourly rate of \$310.00 per hour. Our Legal Assistants bill at the hourly rate of \$130.00 per hour.

Signature: _____ Date: _____

Signature: _____ Date: _____

IF YOU HAVE ANY QUESTIONS ABOUT OUR FEES OR SERVICES, PLEASE DO NOT HESITATE TO ASK!

**The following items will be completed
by the Attorney handling your case**

File Code _____ - _____ - _____ Date Opened: _____

Type of Case: _____ File Title: _____

Services Requested: _____

Adverse Party: _____ Adverse Party's Phone No. _____

Adverse Party's Address: _____

_____ New Client _____ Present Client Reference in Timeslips (if any): _____

Set up Replenish Trust Account in Timeslips: Yes - range if falls below \$ _____ replenish to \$ _____ (will default to no unless this is checked)

Flat/Fixed Fee of \$ _____ Hourly Rate at \$ _____

Contingent Fee of _____ % Statute of Limitation Runs _____

Retainer of \$ _____ Advanced Fee Deposit of \$ _____ Received on _____

Estimated Range of \$ _____ to \$ _____ Estimated Completion Date _____

Conflict Checked by: _____

Referral - referred by: _____ Referral Address: _____

Send Thank You Letter: Yes No Type of Letter: Business Associate General Date sent & Staff initials: _____

(STAFF USE) Enter in Timeslips .5 file setup fee (Family Law Only): Yes No

(STAFF USE) Green Sheet & Fee Agreement Scanned: Yes No (STAFF USE) If Misc file - Is it in Misc. Referral Spreadsheet: Yes No