

## Pre-Consultation Form

Please provide all information in a truthful and complete manner. All information included in the document will be subject to attorney-client privilege and confidentiality rules of the State of Colorado. All information will be kept private unless waived by the client or allowed under the laws of Colorado.

Many legal matters are subject to a statute of limitations and these matters may be prejudiced or barred if not filed within the proper timeframe. This is expressly excluded from determination as part of the initial consultation.

**This document does not constitute an offer, agreement or acceptance for legal services.**

### Contact Information

<b><i>Please Provide all information as it appears on your driver's license</i></b>			
<b>Name:</b>			
<b>First</b>			
<b>Middle</b>			
<b>Last</b>			
<b>Preferred Contact</b>		<b>Mailing Address: (no PO Boxes please)</b>	
<b>Address</b>			
<b>City</b>			
<b>ZIP Code</b>			
<b>Preferred Contact</b>		<b>Alternate Mailing Address (PO Boxes acceptable)</b>	
<b>Address</b>			
<b>City</b>			
<b>ZIP Code</b>			
<b>Preferred Contact</b>		<b>Home Phone Number</b>	
<b>Preferred Contact</b>		<b>Work Phone Number</b>	
<b>E-Mail Address</b>			

## Representatives Present at Consultation

<b><i>Please Provide all information as it appears on your driver's license</i></b>			
<b>Name:</b>			
<b>First</b>			
<b>Middle</b>			
<b>Last</b>			
<b>Preferred Contact</b>		<b>Mailing Address:</b>	
<b>Address</b>			
<b>City</b>			
<b>ZIP Code</b>			
<b>Preferred Contact</b>		<b>Home Phone Number</b>	
<b>Preferred Contact</b>		<b>Work Phone Number</b>	
<b>E-Mail Address</b>			
<b>Relationship</b>			
<b>Can Client Matters Be Discussed with this person without you present?</b>			
<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
<b>Does This Person have Power of Attorney Powers?</b>			
<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>

\*If more people need to be listed, please provide an additional page.



## Signature

I attest that to the best of my knowledge all information is complete and accurate,

## Prospective Client

Name	Date

## Representative

Name	Date

*For Office Use Only*

Date	
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### Primary Client:

Name:	
Mailing Address	
E-Mail Address	
Phone Number	

### Other People Present:

Name:	
Mailing Address	
E-Mail Address	
Phone Number	
Concurrent Representation	

	Date
Initial Consultation	
Quote	
Accepted	