

# CLIENT CONTROL SHEET

\*Do not give us phone numbers or addresses of places that you do not want to be contacted

Clients name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_  
                    1<sup>st</sup> Contact                      2<sup>nd</sup> Contact                      3<sup>rd</sup> Contact

E-mail Address: \_\_\_\_\_

Clients Social Security number: \_\_\_\_\_ DOB: \_\_\_\_\_

Clients Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
\_\_\_\_\_

Type of Legal Matter: \_\_\_\_\_  
\_\_\_\_\_

Name of Opposing Party: \_\_\_\_\_

Address of Opposing Party: \_\_\_\_\_ DOB: \_\_\_\_\_

Opposing Party's Social Security Number: \_\_\_\_\_

Opposing Party's Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_  
\_\_\_\_\_

Name of Opposing Party's Attorney: \_\_\_\_\_

Name of Person who Referred you to us \_\_\_\_\_

**Have you or any party to this lawsuit ever been represented by us in a prior legal issue:**

Yes \_\_\_\_\_ No \_\_\_\_\_

(If YES, Please give the date of representation, the name of the case, and the names of the parties involved.)

**Are There Minor Children Involved in Your Case? If So, Please state their name(s) and date(s) of birth of each Child.**

\_\_\_\_\_  
Name                                      DOB                                      SS#

\_\_\_\_\_  
Name                                      DOB                                      SS#

\_\_\_\_\_  
Name                                      DOB                                      SS#

Other important information you wish to provide \_\_\_\_\_  
\_\_\_\_\_

# CONSENT FOR RELEASE OF INFORMATION

Due to the laws for protection of your privacy **NO** information can be released on your case without your permission. By completing the form below you are authorizing the following people/person to be allowed to obtain information on your case.

I authorize the names listed below to discuss with my attorney/office staff regarding all legal matters concerning my case.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
CLIENT

Ronald L. McNabney  
Attorney at Law  
917 Meridian Street  
Anderson, IN 46016  
(765)644-0200

CONTRACT  
OF REPRESENTATION  
BY RONALD L. McNABNEY

I wish to thank you for your choice of my law office for your legal representation.

In order for our attorney-client relationship to work as smoothly as possible. I need you to agree to the following.

Occasionally, I will request the services of an Investigator and/or Research Consultant, and require the taking of depositions. You will be responsible for the payment of these expenses. I will, of course, try to contact you prior to incurring these expenses; but when unable to do so, you are still responsible for these services. In addition, you will be charged for the expenses such as telephone calls, photocopying and postage.

In certain types of cases, I need experts. In those situations you will deal directly with the expert, and be responsible for their fees. In many situations these services are covered by your medical insurance through your employment. I intend to provide you with the best possible courtroom representation, and I have found that the services of expert witnesses are many times persuasive. Therefore, you will usually find these experts worth the results you receive.

It is your obligation to keep your address and telephone number(s) current with our office.

If you fail to show up for your scheduled appointment without calling within 24 hours to cancel, you will be charged.

I require an initial fee, when your initial fee is exhausted, you will be billed monthly. You should pay your bill in full after each office visit. I require that you pay your balance each month, a 1.5% **LATE CHARGES WILL BE ADDED TO THE UNPAID BALANCE.** Also, failure to pay your balance after receiving your monthly statement may result in my withdrawing from your case.

**Unpaid balances are forwarded to our collection agency which will result in additional court costs, collection fees, and attorney fees.**

IF YOU, A RELATIVE, OR A FRIEND ARE INJURED, KEEP IN MIND THAT MY OFFICE HANDLES PERSONAL INJURY CASES ON A PERCENTAGE FEE BASIS. I WOULD APPRECIATE THE OPPORTUNITY TO HELP YOU IN THE UNFORTUNATE EVENT YOU ARE INJURED IN AN ACCIDENT.

I hope this clarifies my office procedure. If you have any questions please ask my secretaries or myself.

Again, thank you for selecting me to represent you.

**GUARANTEE**

I \_\_\_\_\_, hereby guarantee full payment as per the time of this Contract of Representation.

Date: \_\_\_\_\_

\_\_\_\_\_  
**CLIENT (Signature)**