

HARLEY LAW OFFICES, P.A.

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INITIAL CONSULTATION FORM

INSTRUCTIONS: Answer all questions truthfully and completely. The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf, or unless otherwise required by law.

Your Name: \_\_\_\_\_

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

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

County of Residence: \_\_\_\_\_ Years at current address since: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

Soc. Sec. No: \_\_\_\_\_ Driver's License No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ State/Country of Birth: \_\_\_\_\_

EMPLOYMENT: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Work E-mail Address: \_\_\_\_\_

How long have you worked at this employer? \_\_\_\_\_

Position: \_\_\_\_\_

Name of Emergency Contact, and Relation to You: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Reason for seeking consultation with our office: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about our office? \_\_\_\_\_

Do you have a will and/or trust for your assets? YES NO

I UNDERSTAND THAT HARLEY LAW OFFICES, P.A. OR ANY OF ITS ATTORNEYS DO NOT REPRESENT ME AT THIS TIME. I HAVE TO SIGN A CONTRACT AFTER THIS TO ENGAGE THE SERVICES OF HARLEY LAW OFFICES, P.A. TO REPRESENT ME IN THIS OR ANY OTHER MATTER.

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