

**Achille, Ellermeyer & French
Attorneys at Law**

379 Main Street, Brookville, PA 15825 (814) 849-6701 or (800) 498-2889

New Case Information

Date: _____

Client Personal Data

Client Name		Birth Date	SSN	File No.	<input type="checkbox"/> Established Client <input type="checkbox"/> New Client
Address	City	State	Zip	Business Phone () ()	Home Phone () ()
Email	Permission to Contact via email? <input type="checkbox"/> Yes <input type="checkbox"/> No		Cell Phone () ()	Company/Provider	

Alternate Contact

Name		Birth Date	SSN	Business Phone () ()	Home Phone () ()
Address	City	State	Zip		Cell Phone () ()

CASE DATA

File Label	Case Issue
Case Type <input type="checkbox"/> Appeal <input type="checkbox"/> Business <input type="checkbox"/> Corporate <input type="checkbox"/> Tax <input type="checkbox"/> Trust <input type="checkbox"/> B.I. <input type="checkbox"/> Workers Comp <input type="checkbox"/>	<input type="checkbox"/> Estate <input type="checkbox"/> Litigation <input type="checkbox"/> Municipal <input type="checkbox"/> Real Estate
Other: _____	

Case Referred By:	Initiating Partner/Associate
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OPPOSING PARTY

Address		
City	State	Zip
Business Phone () ()	Home Phone () ()	Cell Phone () ()

Opposing Party's Attorney/Insurance Carrier		
Address		
City	State	Zip
Business Phone () ()	Home Phone () ()	Cell Phone () ()

FINANCIAL ARRANGEMENT

Fixed Fee of _____

Hourly Rate @ _____

Retainer of _____

Number of Service Hours Covered by Retainer

Estimated Total Fee \$ _____ to \$ _____

Contingent Fee of _____ % of Total

Case Accepted: Yes No Free Consultation Only: Yes No

DEADLINES

Type of Case: / / /

Date Occurred: / / /

Statute of Limitations:

of Years: / / /

SOL deadline: / / /

Review Date / / /

CONFLICTS CHECKED BY _____ OK Conflict (Explain: _____)

Summary:

Advice Given:

I/We agree to the above. I/We acknowledge my file may be retained for 3 years after my case is closed and consent to it's destruction after that time.

Signature: _____ Date _____ Signature: _____ Date _____