

Law Offices of Amberlea Davis
415 S. 6th St, Ste 303, Las Vegas, NV 89101
(702) 518-4ESQ (4377) Fax: (702) 933-9117

Initial Consultation

The purpose of an initial consultation is for us (the Law Offices of Amberlea Davis) to advise you, the prospective client. These questions help us understand your goals and concerns. Your responses are protected by attorney/client privilege and are held in strict confidence. The purpose of this consultation is **not** to render a definitive legal opinion, but instead to present you with possible options, solutions and information. We cannot fully assess your legal claims during this short interview.

One of three outcomes is possible following your consultation: 1. You and our firm mutually agree to specific terms of representation; 2. We decide not to take your case; or 3. You decide not use our services. If your legal problem(s) involve a potential lawsuit, a lawsuit must be filed within a certain period of time (Statute of Limitations). Therefore, we strongly urge you to immediately consult with another attorney to protect your rights, if we do not mutually agree to terms of representation today. We will not represent you with regard to the matters set forth by you in this information sheet or discussed during your consultation, unless and until, both you and we sign a written Agreement for Representation. If we do not agree to represent you, then we will not represent you on any matter whether on this sheet or discussed with us during your consultation. Our decision not to represent you should not be taken by you as an expression regarding the merits of your case.

Your signature acknowledges **only** that 1. You received a copy of this information sheet and 2. You completed the information to the best of your ability and knowledge. Your signature does not mean you have hired us or that we have agreed to take your case.

DATED this _____ day of _____, 201____.

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What brought you here?	Your Contact Info:	
	First Name	
	Middle Name	
	Maiden Name	
	Last Name	
	Nick Name	
	Street Address	
	City, State and Zip	
	Home Phone	
	Cell Phone	
	Work Phone	
	Best # for you?	
	Email	
	Driver's Lic. #	
	Social Security #	
Best Case Resolution: Ideally, if you could call the shots, describe the outcome.	Alternate Contact: If your mail is returned as undeliverable or your telephone service terminated, please provide the name of someone (friend or relative) you believe will always know how to contact you.	
	Name	
	Relationship	
	Address	
	Phone	
	Email	
	Other	

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<p>What documents do you have that will help us understand the issues?</p> <ul style="list-style-type: none"><input type="radio"/> Timeline<input type="radio"/> Register of Actions<input type="radio"/> List of Recorded Documents<input type="radio"/> Names and Addresses of Interested Parties<input type="radio"/> _____<input type="radio"/> _____<input type="radio"/> _____	<p>How quickly do you need to resolve this matter?</p> <ul style="list-style-type: none"><input type="radio"/> Instantly - My personal safety or continuation of my business depends on it.<input type="radio"/> Immediately – My life or business will suffer if I do not get this resolved right away.<input type="radio"/> ASAP – Matter interferes with long term business or personal financial stability.<input type="radio"/> I don't know – I want to know my rights, and responsibilities.
<p><i>What do you want us to do?</i></p> <ul style="list-style-type: none"><input type="radio"/> _____<input type="radio"/> _____<input type="radio"/> _____<input type="radio"/> _____<input type="radio"/> _____<input type="radio"/> _____<input type="radio"/> _____<input type="radio"/> _____	<p><i>What do you think is going to happen?</i></p> <ul style="list-style-type: none"><input type="radio"/> _____<input type="radio"/> _____<input type="radio"/> _____<input type="radio"/> _____<input type="radio"/> _____<input type="radio"/> _____<input type="radio"/> _____<input type="radio"/> _____
<p><i>Who referred you?</i></p> <ul style="list-style-type: none"><input type="radio"/> Nevada Bar (LRIS)<input type="radio"/> Web Page<input type="radio"/> _____<input type="radio"/> _____<input type="radio"/> _____	<p><i>How are you planning to pay?</i></p> <ul style="list-style-type: none"><input type="radio"/> Cash<input type="radio"/> Check<input type="radio"/> Paypal<input type="radio"/> _____