

**INDIVIDUAL CLIENT REGISTRATION**  
**MARSH, HIGGINS, BEATY & HATCH, A PROFESSIONAL SERVICE CORPORATION**

**Please complete the following to save time for you and the attorney. (Please Print)**

Today's Date: \_\_\_\_\_

Your Name: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_

Cell Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-mail address: (personal) \_\_\_\_\_ (business) \_\_\_\_\_

I authorize you to e-mail documents, including my monthly billing statement, to me (when possible). I assume all risks associated with the security and confidentiality of my e-mail account;

Other (specify): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Special Mailing Instructions: \_\_\_\_\_

Your Birthdate: \_\_\_\_\_ Your Soc. Sec. No.: \_\_\_\_\_

Your Occupation: \_\_\_\_\_ Your Work Phone No.: \_\_\_\_\_

Your Driver Lic. No.: \_\_\_\_\_ Your Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Marital Status:       Married       Separated       Divorced       Single       Widowed

Spouse's Name: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_

(Or other person, if applicable)

Spouse's Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Spouse's Birthdate: \_\_\_\_\_ Spouse's Soc. Sec. No.: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_ Spouse's Work No.: \_\_\_\_\_

Spouse's Driver Lic. No.: \_\_\_\_\_ Spouse's Employer: \_\_\_\_\_

Spouse's Business Address : \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Other Person to Contact in Emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_

That Person's Phone No.: \_\_\_\_\_

Person(s) or Organization Responsible for Payment, if Different from Above:

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address w/Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Bank: \_\_\_\_\_ Bank Branch: \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US?**     Yellow Pages     Online Yellow Pages     MHB&H Website     Google.com     Findlaw.com

Lawyers.com     Martindale.com     Other Internet Source: \_\_\_\_\_

Attorney Seminar: \_\_\_\_\_     Other: \_\_\_\_\_

Referral – referred by: \_\_\_\_\_     Previous client – Attorney: \_\_\_\_\_

Please list the full names of anyone who is, or might be on the opposing side of you in this matter (the seller if you are the buyer, the person who hit you if you have a traffic accident claim, etc.); if in doubt, put the name(s) down so we may check for potential conflicts of interest:

Adverse Party(s): \_\_\_\_\_

Adverse Party(s) Address: \_\_\_\_\_

Adverse Party(s) Phone No.: \_\_\_\_\_

**HOW WILL YOU BE PAYING FOR YOUR CONSULT TODAY?**     Check     Cash     MasterCard/Visa/Discover

**Please Read and Sign:**

1. I have received the Attorneys' Billing & Payment Procedures memorandum.
2. I agree to pay for the Attorneys' services as follows:
  - (a) The amount due upon my receipt of the statement of such services.
  - (b) A LATE PAYMENT CHARGE computed as 1.0 percent of the balance unpaid 30 days after the statement date, but not less than \$1.00, will be added to the balance due.
  - (c) The Attorneys are entitled to charge interest of 1% per month on any unpaid balance ten (10) days after the date of the attorneys billing statement; and
  - (d) The Attorneys' costs (including reasonable attorney fees) of collecting any amount not paid by me within 60 days after the date of the settlement first setting forth such amount, whether or not such past due amount is referred to a third party for collection, and even if no civil action is filed to collect such past due amount.
3. I agree to keep the Attorneys informed of any change in my telephone number, or in my place of residence or employment.
4. **I understand that a consultation fee of one hour of the attorneys' hourly rate, which varies according to the attorney handling the initial conference, shall be due prior to the beginning of the consultation.** With respect to bankruptcy consultations, the first half hour of a bankruptcy debtor representation initial client conference is free. All time incurred thereafter shall be charged at the respective attorney's hourly rate, and due at the end of the initial consultation. I further understand that the Attorney shall charge for additional legal services provided subsequent to the initial consultation as agreed between the Attorney and myself at the following rates: Michael P. Higgins bills at the hourly rate of \$240.00 per hour; Jeffrey J. Hatch and Michael G. Beaty bill at the hourly rate of \$225.00 per hour Daniel G. Marsh will be at an hourly rate of \$215.00; David J. Feeney bills at the hourly rate of \$185.00 per hour, and our Legal Assistants bill at the hourly rate of \$100.00 per hour.

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

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

**IF YOU HAVE ANY QUESTIONS ABOUT OUR FEES OR SERVICES, PLEASE DO NOT HESITATE TO ASK!**

**The following items will be completed  
by the Attorney handling your case**

File Code \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date Opened: \_\_\_\_\_

Type of Case: \_\_\_\_\_ File Title: \_\_\_\_\_

Services Requested: \_\_\_\_\_

Adverse Party: \_\_\_\_\_ Adverse Party's Phone No. \_\_\_\_\_

Adverse Party's Address: \_\_\_\_\_

\_\_\_\_\_ New Client \_\_\_\_\_ Present Client Reference in Timeslips (if any): \_\_\_\_\_

Set up Replenish Trust Account in Timeslips:  Yes - range if falls below \$ \_\_\_\_\_ replenish to \$ \_\_\_\_\_ (will default to no unless this is checked)

Flat/Fixed Fee of \$ \_\_\_\_\_ Hourly Rate at \$ \_\_\_\_\_

Contingent Fee of \_\_\_\_\_ % Statute of Limitation Runs \_\_\_\_\_

Retainer of \$ \_\_\_\_\_ Advanced Fee Deposit of \$ \_\_\_\_\_ Received on \_\_\_\_\_

Estimated Range of \$ \_\_\_\_\_ to \$ \_\_\_\_\_ Estimated Completion Date \_\_\_\_\_

Conflict Checked by: \_\_\_\_\_

Referral – referred by: \_\_\_\_\_ Referral Address: \_\_\_\_\_

Send Thank You Letter:  Yes  No Type of Letter:  Business Associate  General Date sent & Staff initials: \_\_\_\_\_

(STAFF USE) Entered File Setup fee in timeslips:  Yes  No (STAFF USE) Green Sheet & Fee Agreement Scanned:  Yes  No

(STAFF USE) If Misc file - Is it in Misc. Referral Spreadsheet:  Yes  No