## FOSTER, HANKS & BALLARD LLC - Client Questionnaire

Name:			
First Physical/Mailing Address (if different):	Middle	Last	Maiden
Street	City	County	Zip Code
Telephone-Day #:	Even	ing #:	
Cellular/Beeper #:	Fax/	Alternate #:	
Date of Birth://	E-r	nail Address:	
Employer Name and Address:			
Name & Address of <b>Opposing Party</b> :			Maiden
Street	City	County	Zip Code
Opposing Party's Telephone #: ()	•	•	-
Opposing Party's Employer's Name and A	ruuress.		
Please explain your need for representatio	n:		
Please list the First, Middle, and Last nam	es (along with l	pirthdates) of all children involved in	this case:
Do either you or your spouse use social m	edia (i.e.: Facel	book, Instagram, Twitter, etc.)?	
How did you learn about our office? (if re	ferred, who gav	re the referral?):	
I understand that I will be charged \$200.00 increments of \$75.00 for each additional f the time services are rendered. Payment in Visa.	ifteen (15) min	ute period. I agree to these terms and	understand pa
A CONSULTATION WITH FOSTER, CLIENT RELATIONSHIP. FOSTER, OTHER PARTY UNTIL A SEPARATI UPON AND COMPLIED WITH.	HANKS & BA	ALLARD, LLC DOES NOT REPR	ESENT YOU
Client's signature		Today's date	