Relationships with clients are the backbone of the attorney’s practice.

Satisfied clients refer friends and colleagues. They also return for repeat business because they trust the lawyer to handle it properly.

An attorney’s success is dependent upon such clients. Dissatisfied clients, however, file complaints with the State Bar and malpractice claims.

Developing procedures for creating satisfied clients and avoiding clients who will never be satisfied are crucial for a successful law firm. Learning to recognize danger signs and foster habits that make clients more satisfied can help reduce the problems that result in grievances and malpractice claims.

How to Use this Guide

This Lawyers Mutual Practice Guide will help you manage relationships with clients. It is designed as a tool to establish connections with potential clients and handle situations with difficult clients. Here are some suggested uses:

• To instruct attorneys on legal ethics and risk management.
• To develop client hiring criteria.
• To help with attorney and staff orientation.
• To help with attorney training.
• To use as a topic at a firm meeting or retreat.
• To use as curriculum for in-house continuing education.

This Guide offers general information that should benefit most practices. It is not intended as legal advice or opinion, nor does it purport to establish a specific standard of care for your practice. Every law office is different. Your clients’ needs are unique. This Guide suggests ways to bring out the best in you, your support staff, and your clients.

For more information – or if you have additional questions – please contact Lawyers Mutual’s Client Services Team.
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**DISCLAIMER:** This document is written for general information only. It presents some considerations that might be helpful in your practice. It is not intended as legal advice or opinion. It is not intended to establish a standard of care for the practice of law. There is no guarantee that following these guidelines will eliminate mistakes. Law offices have different needs and requirements. Individual cases demand individual treatment. Due diligence, reasonableness and discretion are always necessary. Sound risk management is encouraged in all aspects of practice.

OCTOBER 2016
INITIAL CONTACT

We all know the importance of first impressions. Lawyers strive to use that initial contact with potential clients to create a feeling of need for services. However, not all prospective clients become actual paying clients, and it is important to establish procedures to prevent the non-client from assuming that you are indeed their attorney, such as the use of a non-engagement letter.

TYPES OF CONTACT

• **Telephone inquiries.** Have a standard form that limits the amount of necessary information you gather to conduct a proper conflicts of interest check.

• **E-mail and websites.** Have a systematic response where you respond that the e-mail will not be read until the conflicts of interest check is completed, with the appropriate form attached.

• **Social setting.** The best policy for these situations is to let the individual know that the situation is more complex than they realize and that you would love to discuss it with them in detail in your office.

• **Family and friends.** Follow proper procedures and have them come into the office for consultation.

• **Social media.** Be careful not to give legal advice on social media accounts. The inquirer may be outside of your jurisdiction or other readers may think the advice applies to circumstances for which it does not.

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**Practice Pointers**

Avoid accidental clients by sending non-engagement letters to third party attendees at a consultation and potential clients who do not follow up on engagement.

Beware of making casual observances that others can take to be legal advice.

Include jurisdictional disclaimers with your website and online activities, such as social media.
FIRST IMPRESSIONS

Following the initial contact, you should have the prospective client come into the office for an intake interview that will establish the foundation of the representation should you and the client agree to work together. Before the interview begins, ensure the client develops a good first impression of your firm.

Practice Pointers

- Thank clients for coming. Thank them for choosing you, and tell them you appreciate their business.
- New client questionnaire. Develop a simple questionnaire that prospective clients can complete while they are waiting to see you.
- Review questionnaire before the interview. Knowing something about your client before they come into your office will show that you are interested in the representation and give you some familiarity with them.
- Check for conflicts. Enter information about prospective clients into the firm’s database so that conflicts can be avoided.

THE INTAKE PROCESS

The screening process will also serve to ensure compatibility between lawyer and client. Remember, the attorney-client relationship is a business relationship, and being able to work together effectively is an integral part of a successful endeavor.

TYPES OF QUESTIONS

- Open. Allows interviewee to talk, more information is given; more time-consuming; interviewer has minimum control.
- Closed. Requires a yes/no answer; interviewer is in control; answers are not as reliable; shows inconsistencies.
- Double-barreled. Requires more than one response; causes interviewee to lose train of thought. Avoid, because it tends to leave both of you confused.
- Bipolar. Effect is similar to closed; gives interviewee two options; usually at end of interview after problem has been identified.
- Leading. Invites interviewee to answer one way or another; requires careful use; might use with children; best used for cross-examination of adverse party.

INTERVIEWING TIPS

- Be on time for appointments.
- Personally greet clients in the reception area.
- Strive to put your clients at ease (offer them a beverage, consider interviewing them in a sitting area rather than from behind your desk, etc.).
- Avoid interruptions while meeting with a client. Hold all calls, restrict others from coming in and out of your office, etc.
- Hear the client’s full story before jumping in with questions.
- Be direct. Discuss the problem in layman’s terms. Think practical advice and real solutions.
- Do not overwhelm clients with information. Give them a manageable range of options.
**ATTORNEY-CLIENT RELATIONSHIPS**

- Understand the client’s objectives and clearly define the scope of your representation. This gives the client realistic expectations and focuses your advice.
- Be realistic about what you can accomplish.
- Make sure the client understands the billing system.
- Explain the time and cost legal matters can entail. Urge clients to carefully consider how this might impact their lives.
- Follow up the initial interview with a letter of engagement, non-engagement, or disengagement.

**Practice Pointers**

- **Be organized.** Have the appropriate forms to gather information so you can conduct the interview seamlessly.
- **Listen.** The best experience includes comfortable surroundings and an interviewer that seemed interested in you and what you had to say.
- **Question.** Establish the client’s motive in pursuing legal action and expectations.
- **Consider compatibility.** Not every client or case that walks into your office is a good match for you or your firm. If your ‘gut reaction’ is to walk away, it is most likely the best decision.
- **Send non-engagement letters.** A non-engagement letter should be courteous and thank the potential client for visiting your office and acknowledge the reason for not taking the case. Retain copies to rebut any potential claim of representation that may arise. Refer to the Lawyers Mutual handout, “Attorney-Client Agreements Toolkit” for sample non-engagement letters.

**ENGAGEMENT LETTERS**

Once you have agreed to represent a client, execute an engagement letter that establishes the attorney’s duties and fees. A well-drafted engagement letter is the first step to good client relationships. The purpose of the engagement letter is to avoid misunderstandings, providing the client with written documentation of the services that the attorney will provide and expectations of the client. Many malpractice claims arise because of a failure to establish the boundaries of representation.

**ESSENTIAL PARTS OF AN ENGAGEMENT LETTER**

- **Scope of engagement.** Outline the work to be performed and approximate a timeline for the case. If the scope of engagement changes during the representation, revise your engagement letter with the necessary changes.
- **Billing procedures.** Describe in detail the procedure involved in billing, including the frequency, detail and format of the bill.
- **Office procedures.** Establish office procedures for returning phone calls and responding to e-mails. Inform the client of procedures when you are out of the office.

**Practice Pointers**

- **Review with your client.** Answer any questions the client may have about unfamiliar legal language.
- **Sample forms.** See the risk management handout “Attorney-Client Agreements Toolkit” for sample engagement letters.
- **Unbundled services.** Review our “Unbundled Legal Services” handout for information regarding limited representations.
Once the representation has begun, you cannot neglect your duty to correspond with clients. The number one complaint by clients is that attorneys fail to return phone calls timely. Do not be an attorney who fails to communicate with clients.

HANDLING A DIFFICULT CLIENT

Regardless of due diligence during the intake process, a difficult client will eventually slip through the screening process and must be handled accordingly. Dealing with a difficult client requires more time and care than a regular client. Difficult clients are more likely to be unhappy with the representation and to file grievances and malpractice claims. Difficult clients are also likely to treat you or your staff badly, and it is imperative to not allow the client to bring out bad behavior on your end of the relationship.

Beware the bad news client

Client screening is an important part of risk management. Sometimes the best way to prevent a claim is to decline to represent a potentially troublesome client in the first place. All seasoned practitioners know there are some prospective clients who are best shown the door.

Following are some characteristics of high-risk clients:

- Clients who have had multiple lawyers or who have been rejected by every other lawyer on the block.
- Clients looking for a free lawyer or the cheapest lawyer available.
- Clients who quibble about your fee or who do not pay the retainer when requested.
- Clients who are high rollers and want to cut you in on the action.
- Clients who have unreasonable expectations or who seek relief no court can grant. Example: “I know this is a multi-

Practice Pointers

- Return phone calls promptly. Try to return all calls within 24 hours. It is important that all office personnel follow the same telephone policy.
- Respond to e-mails. When you are unavailable for an extended period of time, enable an “Out of Office” notice and provide the name and contact information of the appropriate person.
- Provide periodic status reports. This informs the client you are staying abreast of the case and still have a plan for success.
- Send copies of documents. Send the client a copy of all correspondence, memoranda, pleadings, briefs, and other meaningful documents.
- Deliver bad news quickly. Breaking the news without delay can help defuse the situation before it gets out of control. If you think that you might have made a mistake, call your malpractice provider first - they may have tips on how to effectively communicate with your client.
- Treat the client as a partner. Bring clients into strategy development and include them in decision-making. Get feedback.
- Document everything. This protects both you and your client.
- Complete work promptly. The client would like to resolve the issue sooner rather than later.
When interviewing a potential client, listen to your gut. What is your first impression of the person? Is this someone you feel like you can work with?

Consider another bit of advice from Elihu Root, “About half of the practice of a decent lawyer is telling would-be clients that they are damned fools and should stop.” Regardless of how badly you need the business, no client is worth the headaches of a malpractice suit.

### TYPES OF DIFFICULT CLIENTS

- **Angry clients.** Angry clients are upset when they first visit your office and often remain so the entire representation.
- **Vengeful clients.** This client is an angry client who has focused on the mission of obtaining justice from the one who wronged them.
- **Obsessed clients.** Obsessed clients may be mission-oriented like a vengeful client, or they just may be overly involved. This client may even do research themselves.
- **Dependent clients.** Dependent clients refuse to make their own decisions. Do not allow yourself to become a decision maker for a case.
- **Secretive clients.** Clients who withhold information or deceive their attorneys are dangerous clients. Once a client changes from being merely secretive to being deceitful, consider whether or not you can continue to represent the client.

When interviewing a potential client, listen to your gut. What is your first impression of the person? Is this someone you feel like you can work with? You may want to enlist your support staff to help interview and evaluate new clients.
• **Depressed clients.** Clients who suffer from depression are typically withdrawn and fail to engage in the representation of their case.

• **Mentally ill clients.** Some mentally ill clients are capable of instructing lawyers, but you must be satisfied the client is able to do so.

• **A difficult client with a difficult case.** This is a client who typically has unrealistic expectations about everything involving the case: the cost, time, importance and service.

• **The client who doesn’t listen.** This client often refuses to follow advice even after it has been reduced to writing and the consequences are presented.

## WORKING WITH A DIFFICULT CLIENT

If you find yourself representing a client who has become difficult, remember to take the utmost care in maintaining the proper professional relationship. Your role is to present all possible solutions and consequences so they can make decisions. Difficult clients may be less inclined to make decisions or dislike their options. Avoid the temptation to involve yourself further in the process; simply make sure they understand the choices they have before them. Be sure to follow the practice pointers to further protect yourself.

### Practice Pointers

**Document.** Write down everything you can about any contact you have with the client, phone calls, voice mails, copies of e-mails, etc. Don’t forget to include all possible consequences of following or not following instructions.

**Patience.** If you find yourself becoming agitated, it may be time to transfer the case to another attorney. Be sure to be very explicit with the client about everything, and give all information to the client in writing.

**Protect your staff.** Difficult clients are sometimes more likely to mistreat staff than they are their attorney. Make it clear to the client that abusive behavior toward staff will not be tolerated.

**Keep expectations in check.** Ascertain what the client expects from you in four main categories: services, costs, time, and results. Address expectations in the consultation stage, and manage them throughout the case.

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**Difficult clients may be less inclined to make decisions or dislike their options.**

**Avoid the temptation to involve yourself further in the process; simply make sure they understand the choices they have before them.**
TERMINATING A DIFFICULT CLIENT

Regardless of all your efforts, a difficult client may become too impossible to continue the attorney-client relationship. If you are unable to satisfy the client with your work, you may need to allow the client to seek other counsel. Even if the client has fired you, handle the issue courteously and professionally. Copy the client on all correspondence regarding the transfer of the file. Maintain a copy of the file for your records should a grievance or malpractice claim arise.

Practice Pointers

- **Withdrawal.** Take care to follow proper court procedures.
- **Disengagement letter.** Regardless of whether you or the client terminated the attorney-client relationship, send the disengagement letter by certified mail and confirm receipt. Please see the Lawyers Mutual handout, “Attorney-Client Agreements” for sample letters.
- **Malpractice claims.** Any claim for malpractice should be immediately reported in writing to the firm’s professional liability carrier.

THE FINISH LINE

For those clients that are not difficult and you can see their cases to conclusion, all good things must end. When the matter comes to a close, be sure to terminate representation properly so that all parties are aware that the relationship has concluded. While it may be obvious to you that there is no further representation, do not assume the client has the same understanding of the matter. Taking the time to close out the representation could save potential headaches in the future.

Practice Pointers

- **Disengagement letters.** A disengagement letter is perhaps the simplest method for indicating to a client that representation has concluded. Please see the Lawyers Mutual handout, “Attorney-Client Agreements” for sample letters.
- **Include the final bill with the disengagement letter.** Clients may be more likely to pay bills that are received soon after the representation has ended.
- **Return original documentation.** This includes all belongings that the client provided you for the representation.
- **Send a client survey.** Measure how well your office met the client’s expectations.
- **Say thank you.** Thank the client for the opportunity to assist them with their matter.
- **Thanks again.** Take additional opportunities to thank clients. Send birthday and holiday cards or simply send a thank you card at the end of the representation.
CONCLUSION

An attorney’s practice is based upon the ability to maintain successful attorney-client relationships. Without satisfied clients, an attorney has no repetitive business or referrals from former clients. Dissatisfied clients may fire their attorney and move on to other counsel, as well as file grievances with the State Bar or malpractice claims. Dissatisfied clients will also describe the attorney as incapable to all of their friends and neighbors. While pleasing every client will prove impossible, following designated office procedures will reduce the number of unhappy clients. Clients will know what to expect from your firm, and staff will know how to provide good service to clients.

The best method for creating good attorney-client relationships is finding compatible clients for your law firm. Matching your office to your clients will keep communications open and help prevent misunderstandings. This process includes accepting cases within your typical areas of practice and resisting the urge to dabble. Also, avoid difficult clients by reading warning signs such as unrealistic expectations, an elevated sense of justice, or problematic behavior. Most importantly, trust your instincts and do not accept cases that make you feel uneasy.
ATTORNEY-CLIENT RELATIONSHIPS

CLIENT FEES AND BILLING

The difficult client can be described thus: one who does not do what the lawyer wants, i.e. pay the bill; one who owes a large amount of money; one who has owed money for a lengthy period of time; and/or one who ignores your repeated attempts to be paid.

Take steps to minimize your chances of a client's becoming a “difficult client.”

FEE AGREEMENTS

Practice pointers

• Read Rule 1.5 of the Rules of Professional Conduct, which says a lawyer shall not enter into an agreement for, charge or collect an illegal or clearly excessive fee.

• Charge an adequate fee. If you are unsure how to price a case, consult a seasoned attorney.

• Obtain an advanced fee deposit substantial enough to cover the initial phases of the case.

• Put the fee agreement in writing. Clarify financial issues at the outset of representation.

• Tell when bills will be sent and payments due.

• List expenses the client must repay, such as filing fees, transcripts, photocopies, mileage and postage. Include a clause for fee arbitration in the event of a dispute.

• Include language explaining the difference between fees and costs. Define the term “retainer.”

• Make sure the client understands if all or part of the retainer is immediately earned.

• Add a paragraph that tells the client to call you immediately with question, and: “If the firm does not hear from you in ten days, you agree that the statement is accurate and valid.”

• Avoid surprises. Get client authorization for unexpected services.

• Know the rules on fee splitting:

  Rule 1.5(e)

BILLING

Practice pointers

• Consider flat fee billing. Clients prefer a known amount to a big hole.
• Send a billing statement every month.
• Send a bill immediately after something good happens for the client.
• Be sure statements adequately describe your services.
• Age the accounts receivable weekly, and review them quickly to determine who the “problem” clients are.
• If a statement remains unpaid after 45 to 60 days, have someone call to determine if the client has a problem with the bill.
• Appoint someone to review each file, contact clients as necessary, and pursue collections.
• Investigate billing methods other than hourly billing.
• Keep time logs in all cases. Studies show lawyers who keep faithful and accurate records make more money and avoid claims.
• Beware of suing clients for fees. Suing a client to collect an unpaid fee almost guarantees a counterclaim alleging some real or alleged breach of professional duty.
• Review the Fair Debt Collection Practices Act and make sure your conduct and correspondence are in compliance.
• Arbitrate fee disputes. A majority of fee suits are settled in arbitration.
• Thank the client for hiring you or recommending you to someone else.
14 TIMELY TIPS FOR CLIENT RELATIONS

- Belly up to the bar. Acquaint yourself with State Bar staff and keep current on ethics opinions. Never ignore State Bar correspondence. Also, have your staff learn ethics rules so they can help prevent violations.

- Choose your clients. Screening for new clients eliminates conflicts of interest issues and ensures malpractice prevention systems have been set in motion.

- Just say no. Rule 1.16 explains how an attorney should decline or terminate representation. Take care that the client is not disadvantaged in this process as a malpractice claim could arise.

- Mum’s the word. Maintain client confidentiality at all times. Be sure staff is aware of the need for confidentiality as well.

- Understand the difference between unethical conduct and malpractice. An ethics violation is not always malpractice, and vice versa. A missed deadline may give rise to a claim but not be considered unethical behavior.

- Practice as a team. An office functions best if everyone works together. Let your staff work with you as a team so that everyone can assist to their fullest potential.

- Coach your team. Supervising staff will ensure that everyone is on the same page. Delegate work then monitor to be sure deadlines are met. Give constructive criticism and praise as appropriate.

- Recognize clients with special needs. Rule 1.14 dictates an attorney should attempt to maintain a normal relationship, and, if necessary, take steps to protect the client or obtain a guardian.

- Advice on giving advice. Analyze your advice-giving skills. Do you use plain language? Do you discuss the available alternatives?

- Write on. Document client files. Use engagement, disengagement and non-engagement letters to their fullest extent.

- Keep files at least 6 years. A client file must be preserved six years according to RPC 209, unless the client consents to destruction. A statute of limitations deadline may require a file be kept longer.

- Be a good listener. Misunderstandings occur because of assumptions about what someone is saying instead of listening. Let the client be heard, then ask questions to fill in the details.

- Return phone calls. Unreturned phone calls are the main complaint to the State Bar by clients. Develop an office telephone policy, and share this policy with clients so they know what to expect.

- Just say thank you. Thank clients for giving you their business. Sending Christmas or birthday cards is appropriate as well.
30 TRAINING TOPICS

Need something to talk about at your next staff meeting? Here are 30 suggested topics on client relations:

Teamwork is essential for good client relations. To promote proper teamwork, some firms have developed monthly meetings with attorneys and staff to discuss related topics. Each meeting focuses on one specific subject – for example, confidentiality. The rules involving the topic is thoroughly discussed, then it is applied to specific examples from the firm’s caseload. This method allows all team members to understand the rules and put them into practice with the work they do.

These sessions promote teamwork and emphasize the importance of client satisfaction. Topics at your next staff session might include:

- Avoiding client conflicts of interest.
- Using the calendar/docket system.
- Review of client intake/interview form. Can it be improved?
- Conducting a client interview.
- What sort of clients should be turned away from our firm?
- Client confidentiality. Don’t discuss client affairs with other people.
- The difference between client fees and costs. What does the fee cover?
- Timekeeping.
- Telephone etiquette.
- Returning phone calls promptly.
- Law library and use of online legal research.
- Ethics rules on supervising subordinate lawyers and nonlawyers.
- Upcoming continuing education seminars.
- Representing clients with a disability.
- No sex with clients.
- Avoid business dealings with clients.
- E-mail and voice mail.
- Who is our professional liability carrier? Where is the policy located? What to do if problems arise?
- Dog cases. What can we do about them?
- Sending thank you letters when someone refers you a client.
- Possible new sources of client referrals.
- Sending “no activity” letters when a case is inactive for 90 days or more.
- Reception area: is it client friendly?
- How to convert “social consultations” at weddings, etc., into paying clients.
- Using client satisfaction surveys.
- Developing a newsletter or news bulletins to send to clients.
- Marketing. What are our goals?
- Using press releases.
- Internet issues. Should our firm have a website? How to manage social media? Social media policy?
PROSPECTIVE CLIENT QUESTIONNAIRE

Name (include maiden or other marital name): _________________________________
Home Address: ____________________________________________________________
Date of Birth: _______________ Home phone: ________________________________

Name of Employer: ____________________________ Position: ______________________
Employer address: __________________________________________________________
Employer phone: __________________________________________________________
Where you prefer to be contacted: ____________________________________________

Spouse’s name: ____________________________________________________________
Opposing party name and address: ____________________________________________

Name of associated and/or related parties: _________________________________
Name of current opposing counsel: __________________________________________
Address: ________________________________________________________________

Please state briefly the nature of the problem you wish to discuss with this office.
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Please check type of legal category that applies:
Domestic/Family Law: _____ Auto Accident: _____
Other personal injury: _____ Criminal: _________
Employment problem: _____ Juvenile case: _______
Estates or wills: __________ Traffic ticket: ______

Have you or any member of your family been seen by anyone in this office? Yes No (Circle One)
If yes, state person’s name and nature of the legal matter with which he/she assisted.
__________________________________________________________________________

How you were referred:
Phone: ______ Advertising: _____ Former client: _____
Bar referral: _____ Court assignment: _____ Other lawyer: _____
Optional: A consultation fee of $50 is due at the time of your initial visit. Our office accepts Visa and MasterCard for your convenience.

Optional: for client to sign: “I understand that no legal relationship was created by my visit because my case was not accepted by this office.”  

Signature: ___________________________ Date: __________________________

**For Office Use Only:**

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Notes: ________________________________________________________________________
_____________________________________________________________________________
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OFFICE INTAKE: NEW CLIENT FORM A

Today’s Date: _____________________

Client’s full name: ______________________________________________________________
Date of Birth: _________________ Social Security No. _____________________________

Spouse’s full name: _____________________________________________________________
Date of Birth: _________________ Social Security No. _____________________________

Street Address: _________________________________________________________________
City: ________________________ State: __________ Zip Code: _________________

Home phone: ______________    Client work: ______________    Spouse work:_____________

Client’s employer: ______________________________________________________________

Spouse’s employer: _____________________________________________________________

Emergency Contacts:
Name: _____________________________ Relationship: _____________________________
Phone no: ____________________________________________________________

______________________________________________________________________________________________
______________________________________________________________________________________________

Referred by: _____________________ Conference with attorney regarding: ________________

OFFICE USE ONLY:
Primary Attorney: _____________________________ Hour: ___________________
Attorney 2: _____________________________ Hour: ___________________
Attorney 3: _____________________________ Hour: ___________________
Paralegal: _____________________________ Hour: ___________________

Fee Type:
C – contingency    F – fixed    R- retainer    T- time/expense

Billing Frequency:
M – monthly    Q – quarterly    S – semi-annually    O – other

Checklist:
Conflicts Check: _______ Fee Contract: _______ First Appearance due: _______
Statute of Limitations Deadline: _______ Other deadlines: _______
File Review Frequency: _______ Instructions: _______

Intake sheet prepared by: _________________ Date: _________________
Conflicts checked by: _________________ Date: _________________
Deadlines docketed by: _________________ Date: _________________
## OFFICE INTAKE: NEW CLIENT FORM B

### CLIENT INFORMATION

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<td>Contact Name</td>
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<td>Referred by</td>
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<tr>
<td>Originating Attorney</td>
<td></td>
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<tr>
<td>Billing Attorney</td>
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<tr>
<td>Supervising Attorney</td>
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### FEE ARRANGEMENTS

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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<tr>
<td>Hourly Rate</td>
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<tr>
<td>Standard</td>
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<tr>
<td>Other</td>
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<tr>
<td>Flat fee of $</td>
<td></td>
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<tr>
<td>Hourly rate of $ plus contingent</td>
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<tr>
<td>Contingent Fee of __________% of amount</td>
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<tr>
<td>Recovered</td>
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<tr>
<td>Saved</td>
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<tr>
<td>Other</td>
<td></td>
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<tr>
<td>Fee to be determined on basis of all relevant factors:</td>
<td></td>
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<tr>
<td>Retainer of $_________ per Month _____ Year _____</td>
<td></td>
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<tr>
<td>Number of hours of service covered by retainer:</td>
<td></td>
</tr>
<tr>
<td>Excess hours to be billed at rate of $_________ per hour</td>
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<tr>
<td>Other</td>
<td></td>
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</tbody>
</table>
BILLING ARRANGEMENTS

Frequency: Monthly _____  Quarterly _____  Completion _____  Other: ________________
Retainer of $ _______________ Minimum fee (to firm account): ________________
Apply to final statement (to trust account): _________________________________
Apply as earned (trust account): _________________________________________
Special: __________________________________________________________________

Invoice Formats

Print past due message: Yes _____  No _____
Print initials: Yes _____  No _____
Service charge: Yes _____  No _____
Cover statement: Yes _____  No _____

CONFLICT INFORMATION

Client and other parties associated with client: ___________________________________
_________________________________________________________________________

Adverse parties: _____________________________________________________________
_________________________________________________________________________

Names associated with other files for this client: _________________________________
_________________________________________________________________________

CASE TYPE

10 Estate Planning  34 Contracts – litigation  58 Collections
11 Estate administrations  35 Other litigation  59 Other business
12 Wills  40 Workers’ compensation  60 Domestic
13 Guardianship  41 Employment law  61 Juvenile
20 Residential real estate  42 Employee plans  80 Criminal
21 Commercial real estate  50 Incorporation  81 Government law
23 Environment law  52 Non-profits  82 Education
24 Foreclosures  53 Limited liability company  83 Insurance law
30 Personal injury – pl.  54 General corporate matters  84 Bankruptcy
31 Personal injury – def.  55 Tax – individual  85 Trademarks
32 Personal injury – other  56 Tax – business  86 Patents
33 Product liability  57 Banking  87 Copyright

Other: _____________________________________________________________________

Intake Form B p.2
INTERVIEW FORM - PERSONAL INJURY

1. **Personal and Family History**
   
   Full Name: ______________________________________________________________
   
   Home address: ___________________________________________________________
   
   Business address: _________________________________________________________
   
   Home phone: ______________________ Business phone: ________________________
   
   E-Mail: _________________________________________________________________

2. **Date of Injury or Accident**
   
   Date of Incident: _________________________________________________________
   
   Location of Accident: ______________________________________________________________________
   
   Names and addresses (if known) of other people involved:
   
   _____________________________________________________________________________________
   
   _____________________________________________________________________________________

3. **List all other names by which you have ever been known. Include marital and maiden names, nicknames, and aliases:**
   
   _____________________________________________________________________________________
   
   _____________________________________________________________________________________

4. **List the addresses where you have resided during the past 10 years. Indicate the period of time at each residence, including dates:**
   
   _____________________________________________________________________________________
   
   _____________________________________________________________________________________
   
   _____________________________________________________________________________________
   
   _____________________________________________________________________________________

5. **Place and Date of Birth: ________________________________**

6. **Are you presently married?**  Yes  No  (Circle One)
   
   Date of Marriage: ____________ Place of Marriage: _____________________________
   
   Full name of spouse: ____________________________________________________________
   
   Have you ever been divorced or legally separated? Provide details:
   
   _____________________________________________________________________________________
   
   _____________________________________________________________________________________
   
   _____________________________________________________________________________________

---

**Statute of Limitations**

Out of State case: Yes or No
State accident occurred in: _____
SOL Date: ____________________
SOL Date has been confirmed by: (attorney's name) ________________
SOL date has been docketed by: (staff name) ________________
7. List the names, ages, and addresses of everyone, including children, who are dependent upon you for support, and your relationship to each:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Age</th>
<th>Relationship</th>
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<tbody>
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</table>

8. Employment History

Social Security Number: ________________________________
Most Recent Employer: __________________________________
Employer Address: ______________________________________

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<th>Beginning Date:</th>
<th>Ending Date:</th>
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</table>

Job Description: ________________________________________
Beginning Pay Rate: __________________ Current Pay Rate: __________________
Have you ever missed work due to your injuries? Yes No (Circle One)
If yes, list the dates you were unable to work:
From: _______________ To: _______________
Reason for leaving job: ____________________________________

Employer Prior to last one listed: _________________________
Prior Employer’s Address: ________________________________

<table>
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<th>Beginning Date:</th>
<th>Ending Date:</th>
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Job Description: ________________________________________
Beginning Pay Rate: __________________ Ending Pay Rate: __________________
Have you ever missed work due to your injuries? Yes No (Circle One)
If yes, list the dates you were unable to work:
From: _______________ To: _______________
Reason for leaving job: ____________________________________

Employer Prior to last one listed: _________________________
Prior Employer’s Address: ________________________________

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<th>Ending Date:</th>
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</table>
Have you ever missed work due to your injuries?  Yes  No  (Circle One)
If yes, list the dates you were unable to work:
From: __________________ To: __________________
Reason for leaving job: __________________________________________________

[Have client bring in Tax Returns for prior years.]

9.  Education
List your highest educational level (high school, college, graduate school, professional training) with the name/address of the institution(s):
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Do you have any special job training?  Describe: __________________________________________________
________________________________________________________________________________________

10.  Military Background
Have you ever been in the military?  Yes  No  (Circle One)
Service Number: ___________  Type of Discharge: __________________________
Branch: ___________________  Dates of Service: ______________________
Have you had any service-related injuries/disabilities? Explain: _______________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Percentage of Disability: _________
Present condition of service-related injury/disability: __________________________
Do you receive payments for service-related injuries?  Yes  No  (Circle One)
If yes, explain: _______________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Have you ever been rejected for military service because of physical, mental, or other reasons?  Yes  No  (Circle One)
If yes, explain: _______________________________________________________________
________________________________________________________________________________________

11.  Prior Claims and Lawsuits
(Our adversaries will inquire about your history of legal claims and lawsuits. It is important that you disclose your complete history to us. It is not fatal if you have been involved in prior legal actions. You won’t be penalized by a court or jury if the claims were reasonable and genuine.)
List every claim you have ever made for personal injury or property damage. Give details. (Attach additional page if necessary.)
Date: __________ Nature of Claim: _________________________
Against Whom: _____________________________________________
Result: ____________________________________________________

Date: __________ Nature of Claim: _________________________
Against Whom: _____________________________________________
Result: ____________________________________________________

Date: __________ Nature of Claim: _________________________
Against Whom: _____________________________________________
Result: ____________________________________________________

12. Police Record
(The defense will investigate your background. We must be prepared against any unfavorable evidence that is uncovered. Evidence of prior criminal acts might be used against you at trial, no matter how mitigating the circumstances.)

List all prior arrest information:
Date Place Charge Result
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

13. Workers’ Compensation

Have you ever made a claim for workers’ compensation? __________________
What was your injury? __________________ Date of injury: ___________
Are you presently receiving payments? Yes No (Circle One) If yes, explain: __________________
Who is handling your workers’ compensation action? __________________
Are you receiving disability payments from sources other than workers’ compensation? Yes No (Circle One)
If yes, explain: __________________

14. Prior Physical Conditions

List every physical examination you ever had during the last 10 years for any purpose, including employment, promotion, insurance, selective service, and armed forces. (Attach additional page if necessary.)

Date: ______________ Place: _________________________________
Name of Doctor: ___________________________________________
Purpose: __________________ Result: _________________________

Date: ______________ Place: _________________________________
Name of Doctor: ___________________________________________
Purpose: __________________ Result: _________________________
15. Prior Accidents and Injuries

(Failure to mention other accidents or injuries can undermine a lawsuit, no matter how trivial they may seem.)

List all prior accidents, whether they resulted in a claim for damages or not.

<table>
<thead>
<tr>
<th>Date</th>
<th>Place</th>
<th>Nature of Accident</th>
<th>Extent of Injuries</th>
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<tr>
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16. Illness or Disease

(We must know about all prior illnesses, either before or since your accident. This is particularly true if there is any connection with your present physical complaints. The defendant will have access to a complete history of your past physical condition as well as your veteran’s records, insurance records, and medical/hospital records.)

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<thead>
<tr>
<th>Date</th>
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</table>
Date: ____________  Nature of Illness: _______________________________

Duration: ____________  Treated by: _______________________________

Hospitalized? _________  When? ________________________________

Name/address of hospital: ___________________________________________

Have you ever had trouble with your eyes? ____________  Ears? ______________

Please check all that apply:

Glasses/contacts: ________  Artificial eye: ________  Hearing aid: ________

Have you ever worn a brace or back and neck support? ___________________________

Have you ever worked with radioactive substances, asbestos, or any other substance alleged to cause diseases, such as cancer? ___________________________

Have you ever been denied health or life insurance? ________  If so, by which company? Give details: ____________

________________________________________________________________________________________

________________________________________________________________________________________

Have you ever been treated for alcoholism, drug addition or venereal disease?

________________________________________________________________________________________

17.  The Injury

State all injuries known to be a result of the accident:  ______________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Length of time confined to bed: _____________________________________________

Length of time confined to house: ____________________________________________

State present physical conditions, including scars, disabilities, deformities and discomforts due to the injuries:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

18.  Physicians and Surgeons

List all physicians and surgeons you have seen (attach additional page if necessary):

Name: _________________________________________________________________

Address: ________________________________________________________________

Nature of treatment: ______________________________________________________

Still under care? Explain: ________________________________________________

Name: _________________________________________________________________

Address: ________________________________________________________________

Nature of treatment: ______________________________________________________

Still under care? Explain: ________________________________________________

Name: ________________________________
Address: ________________________________________________________________
Nature of treatment: ______________________________________________________
Still under care? Explain: __________________________________________________

Name: _________________________________________________________________
Address: ________________________________________________________________
Nature of treatment: ______________________________________________________
Still under care? Explain: __________________________________________________

Name: _________________________________________________________________
Address: ________________________________________________________________
Nature of treatment: ______________________________________________________
Still under care? Explain: __________________________________________________

19. Nurses, Therapists and Health Care Professionals
List all nurses, therapists, and health care professionals other than doctors and surgeons that you have seen (attach additional page if necessary):

Name: _________________________________________________________________
Address: ________________________________________________________________
Nature of treatment: ______________________________________________________
Still under care? Explain: __________________________________________________

Name: _________________________________________________________________
Address: ________________________________________________________________
Nature of treatment: ______________________________________________________
Still under care? Explain: __________________________________________________

Name: _________________________________________________________________
Address: ________________________________________________________________
Nature of treatment: ______________________________________________________
Still under care? Explain: __________________________________________________

20. Calendar Information
Has client been served with pleadings? Yes No (Circle One)
When is response due? ____________________________________________________
Statute of limitations expires: _____________________________________________
Enter case and upcoming activity in office calendar system: _______________________

ATTACH TO THIS INTERVIEW FORM:
Medical Authorization
Fee Agreement
INTERVIEW FORM – DOMESTIC RELATIONS

Date: ______________

1. PERSONAL INFORMATION
   Name: ___________________________________________________________________
   Address: ___________________________________________________________________
   Home Phone: _____________________ Work phone: ____________________________
   Place of work: __________________________ Occupation: _________________________
   Date of Birth: _______________________ Date Married: ______________________
   Where (city, county, state): ____________________________________________________
   Date of Separation: _____________ Referral to our office: _____________________

2. SPOUSE’S INFORMATION
   Name: ___________________________________________________________________
   Address: ___________________________________________________________________
   Home Phone: _____________________ Work phone: ____________________________
   Place of work: __________________________ Occupation: _________________________
   Date of Birth: _______________________

3. PRIOR DIVORCES
   Dates of prior divorces: _____________________________________________________
   Please check all that apply:
   Separation agreement: _____ Divorce decree: _____ Custody/Support order: _____

4. CHILDREN OF THE MARRIAGE
   Name: __________________________ Date of Birth: ____________________________
   __________________________________________________________________________
   __________________________________________________________________________
   Do you or your spouse have any children outside the marriage? _______________________
   Name: __________________________ Date of Birth: ____________________________
   __________________________________________________________________________
   __________________________________________________________________________

   Your income: __________ net/month __________ gross/month
Opposing party’s income: __________ net/month __________ gross/month

Are you a military veteran or in active service? Give details: ______________________________________

Is your spouse a veteran or in active service? Give details: ________________________________________

5. MEDICAL

Your general health: _______________________________________________________

Any specific medical problems: _____________________________________________

Disabilities: _____________________________________________________________

Your spouse’s general health: _____________________________________________

Any specific medical problems: _____________________________________________

Disabilities: _____________________________________________________________

6. FINANCIAL

[Use Financial Affidavit or detailed form for collecting property information. Following are some topics to cover.]

Vehicle (year/make/model): Monthly payment: In whose name?

__________________________________________________________________________

Name of bank(s) where you have accounts: _____________________________________

__________________________________________________________________________

Name of bank(s) where your spouse has accounts: ________________________________

__________________________________________________________________________

7. RESIDENCE

Location: __________________________________________________________________

__________________________________________________________________________

Rent or own? _____________ Time lived there: _________________________________

Whose name residence in: _________________________________________________

Mortgagee/lender: _________________________________________________________

Monthly payment: _________________________________________________________

Mortgage balance: _________________________________________________________
Estimated net market value: __________________________________________________
Other real property: _______________________________________________________
Whose name under: _______________________________________________________
Mortgagee/lender: _________________________________________________________
Monthly payment: _________________________________________________________
Mortgage balance: _________________________________________________________
Estimated net market value: ______________________________________________
Intangible property (stocks, bonds, etc.): _____________________________________
Other sources of income: ___________________________________________________

List all bankcards, charge cards, and revolving credit cards.
Account: Whose Name: Balance:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

List all pensions, military benefits, retirement accounts for you and your spouse.
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

List other debts and liabilities.
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

[Bring in Income Tax Returns for the past 5 years.]
SAMPLE TELEPHONE POLICY FOR CLIENTS

As we discussed during our initial conference, excellent communications between us is essential, and much of our contact will be by telephone. We have developed the telephone policy below primarily because we know your time is extremely valuable. Additionally, the policy enables our firm to continue providing the high quality of legal services for which it is well known by providing an efficient timesaving procedure for the making and returning of phone calls.

It is very important to the firm that we maintain prompt and productive communications with you. We also strive to minimize frustrations of “telephone tag” or lost time on your part in the waiting on a return call from our office. We ask, therefore, that you agree to assist us in the successful implementation of this policy. If for any reason you cannot abide by this policy, please notify me immediately so that we can work out a mutually agreeable alternative plan.

1) Telephone Conferencing Hours: Except in an emergency, please call me during the following office hours: 10:00 a.m. to 12:00 p.m. and 4:00 p.m. to 5:30 p.m. Please remember that at times I will not be available during these hours because of a trial or other client-related matters. Please do not be upset if I am not available to immediately take your call. I will be returning phone calls during these hours as well. Rest assured that someone from our firm will make every effort to return your call within 48 hours. Should this not occur, however, we would appreciate you calling us back and letting the receptionist know that your original call had not yet been returned.

2) Preparing for Conferences: Before calling, please prepare a written list of those matters you wish for us to discuss. If I am not available when you call, please share your list with the paralegal assigned to your case so that I will be prepared for our discussion when I return your call thereby saving us both valuable time. Please remember, however, that only attorneys can give legal advice. Employees of our firm who are not attorneys do not give legal advice and should not be asked to do so.

3) Note-taking Supplies: Please have pen and paper available before calling to make any appropriate notes during our telephone conferences. You will then have a convenient reference source of our conversation and of important dates, advice, or instructions that I may have given you.

4) Emergencies: If your call is urgent, please explain what the emergency involves to the person answering your call. Either I, or one of our paralegals, or another attorney within our firm, will return your call as soon as possible.

5) Your Telephone Number: If asked, please give your telephone number(s). We of course have such information in your case records, but having it on your telephone message assists us in maximizing the use of our time for you and our other clients. It would be appreciated if you would let us know if I may call you (and at what numbers) during evening hours or on the weekend when unavoidable circumstances do not allow me to return your call during our telephone conference hours described above or when I may need to contact you on an expedited basis.

6) Ensuring Clear Communications: During our conversations, please ask for any clarification you may need so that we do not end a conference with your questions unanswered.

7) Improving Our Telephone Conferencing: Please let me know if you have any suggestions on how we can improve upon our telephone policy or if you have any concerns or complaints regarding our handling of your calls (positive feedback is always welcome, also!)
SAMPLE ATTORNEYS COVENANTS

The attorneys at The McIntosh Law Firm, in an effort to provide the highest level of services to their clients, to establish confidence and respect in the lawyer/client relationship, and to engender trust and affability among themselves agree to the following Covenants and agree to conduct themselves according to these precepts which are in addition to those standard by law.

1. To observe all laws, rules and regulations governing the practice of Law in the United States in general and North Carolina specifically.

2. To treat and deal with each other honestly with complete and full disclosure of all matters relevant to the Firm, the Firm’s practice, the Firm’s personnel, and the Firm’s clients, except as may be prohibited by the Rules of Professional Conduct.

3. To maintain open lines of communication with each other and to discuss any matter that is not settled until a resolution is reached, or until each attorney must “agree to disagree” and put their differences aside for the general good of the firm.

4. To disagree in the privacy of our own meetings and conversations, but present a united front to the outside world (defined as anyone not an attorney in the Firm) and support the Firm’s position unanimously.

5. To willfully and cheerfully assist each other in any matter relating to the Firm’s practice or clients.

6. To treat all Firm staff, clients, and guests with respect, courtesy and hospitality.

7. To treat all outside attorneys, adverse parties, courthouse personnel, and others with whom the Firm comes in contact with honesty and courtesy, and to deal honorably with those we face in adversarial process.

8. To keep all clients and adverse parties apprised of any matters relevant to any cases being administered by the Firm.

9. To remember that jealousy and greed are the two greatest enemies any enterprise may have and the enemy within is more dangerous than the enemy without.

10. To understand that, as attorneys and members of this Firm, we have a sacred trust reposed in us by those who place with the Firm themselves and their legal matters, and we must strive to earn and keep that trust each day, the violation of which far outweighs any damage that may flow therefrom.

Reprinted with permission of the McIntosh Law Firm.
MY DECLARATION OF COMMITMENT TO CLIENTS

- To treat you with respect and courtesy.
- To handle your legal matters competently and diligently, in accordance with the highest standards of the profession.
- To exercise independent professional judgment on your behalf.
- To change a reasonable fee and to explain in advance how that fee will be computed and billed.
- To return phone calls promptly.
- To keep you informed and provide you with copies of important papers.
- To respect your decisions on the objectives to be pursued in your case, as permitted by law and the rules of professional conduct, including whether or not to settle a case.
- To work with other participants in the legal system to make our legal system more accessible and responsive.
- To preserve the client confidences learned during our lawyer-client relationship.
- To exhibit the highest degree of ethical conduct in accordance with the Code of Professional Responsibility/Model Rules of Professional Conduct.

Provided by American Bar Association
Subject to the professional rules of conduct in effect in each state.
POST-REPRESENTATION SURVEY

How did you find out about our firm?

_____ Referred by family/friend
_____ Knew attorney personally
_____ Advertisement in _________________________________________________________
_____ Other: _________________________________________________________________

Was our firm conveniently located for you?      _____ Yes  _____ No

Did our staff greet you courteously when you came to the office?  _____ Yes  _____ No

Were your phone calls answered pleasantly by staff?  _____ Yes  _____ No

Were your phone calls returned promptly by attorneys?  _____ Yes  _____ No

Did the attorney handling your case explain what the firm would do?  _____ Yes  _____ No

Did you feel the legal fees charged were fair for the services provided?  _____ Yes  _____ No

Did you receive regular bills on your case?     _____ Yes  _____ No

Were you given regular status reports on your case?  _____ Yes  _____ No

Did the attorney handling your case explain the progress of your case?  _____ Yes  _____ No

Did you feel you met with your attorney when you needed to?   _____ Yes  _____ No

Overall, were you satisfied with the legal services you received?    _____ Yes  _____ No

If you need legal representation in the future, would you call our firm?  _____ Yes  _____ No

If a friend needed an attorney, would you refer him/her to our firm? _____ Yes  _____ No

Please write down any comments or suggestions you may have to help us better serve our clients in the future.

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Thank you again. It was our privilege to serve you.
### CLIENT SURVEY

Thank you for taking a few minutes to complete this survey. The information you provide will help us provide better service to our clients. Please circle the number which most closely fits with your opinion, “1” being “very unsatisfied” and “5” “completely satisfied.” Your comments are also appreciated; please feel free to attach additional pages.

<table>
<thead>
<tr>
<th>Question</th>
<th>Rating Options</th>
<th>Comments</th>
</tr>
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<tbody>
<tr>
<td>1. How satisfied were you with the turnaround time on the work we performed for you?</td>
<td>1 2 3 4 5</td>
<td>Comments:</td>
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<tr>
<td>2. How satisfied were you with the amount and timeliness of information given you regarding the status of your matter?</td>
<td>1 2 3 4 5</td>
<td>Comments:</td>
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<td>3. How satisfied were you with the amount of attention your matter was given?</td>
<td>1 2 3 4 5</td>
<td>Comments:</td>
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<tr>
<td>4. How satisfied were you with the timeliness in response to your telephone calls/letters?</td>
<td>1 2 3 4 5</td>
<td>Comments:</td>
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<td>5. How satisfied were you that the attorney was accessible on short notice?</td>
<td>1 2 3 4 5</td>
<td>Comments:</td>
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<td>6. How satisfied were you with how we listened to your concerns?</td>
<td>1 2 3 4 5</td>
<td>Comments:</td>
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<td>7. How satisfied were you that we understood your business and/or personal goals?</td>
<td>1 2 3 4 5</td>
<td>Comments:</td>
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<td>8. How satisfied were you that your matter was appropriately staffed with respect to the work performed by the lawyer and work performed by a paralegal or legal assistant?</td>
<td>1 2 3 4 5</td>
<td>Comments:</td>
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<td>9. How satisfied were you that our written communications were clear and concise?</td>
<td>1 2 3 4 5</td>
<td>Comments:</td>
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<td>10. How satisfied were you with the amount of information provided on our billing statement?</td>
<td>1 2 3 4 5</td>
<td>Comments:</td>
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<td>11. How satisfied were you with our responsiveness to any billing comments that you made?</td>
<td>1 2 3 4 5</td>
<td>Comments:</td>
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<td>12. How satisfied were you that we were cost-conscious in handling your work?</td>
<td>1 2 3 4 5</td>
<td>Comments:</td>
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<td>13. How satisfied were you with the amount of your legal fees and costs, given the quality of the services we provide?</td>
<td>1 2 3 4 5</td>
<td>Comments:</td>
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</tbody>
</table>
14. How satisfied were you with the ability of this office to meet your legal needs?
   1  2  3  4  5
   Comments: ____________________________________

15. How satisfied are you that we keep you informed of legal changes that might impact your business?
   1  2  3  4  5
   Comments: ____________________________________

16. Please tell us what we should keep doing for you.
   _______________________________________________
   _______________________________________________
   _______________________________________________

17. Please tell us what we should stop doing for you.
   _______________________________________________
   _______________________________________________
   _______________________________________________

18. Please tell us any suggestions you may have to improve our ability to serve you.
   _______________________________________________
   _______________________________________________
   _______________________________________________

19. Please tell us about any instance of anyone from our office not relating well to you and your staff.
   _______________________________________________
   _______________________________________________
   _______________________________________________

20. Please mark with an “X” those legal services provided by this firm that you have used:
   ___ General Civil Litigation
   ___ Personal injury
   ___ Family Law
   ___ Real Estate
   ___ Estate Planning
   ___ Business Law
   ___ Bankruptcy
   ___ Criminal
   ___ Banking/Credit Union Law
   ___ Employment/Labor
   ___ Tax
   ___ Intellectual Property
   ___ Environmental Law

21. Please with an “X” those legal services you anticipate needing in the future:
   ___ General Civil Litigation
   ___ Personal injury
   ___ Family Law
   ___ Real Estate
   ___ Estate Planning
   ___ Business Law
   ___ Bankruptcy
   ___ Criminal
   ___ Banking/Credit Union Law
   ___ Employment/Labor
   ___ Tax
   ___ Intellectual Property
   ___ Environmental Law

22. Would you recommend us to others?
   ___ Yes  ___ No
   If not, why? _______________________
   ____________________________________
   ____________________________________

OPTIONAL:

23. If we may use you as a reference, please write in your name and telephone number. We will always call you first before giving out your name.
   Name: ___________________________
   Telephone: ______________________

Thank you for taking the time to complete this survey. Please return it to us in the enclosed self-addressed stamped envelope at your earliest convenience.
LETTER NOTIFYING CLIENT OF DESTRUCTION OF FILE

[Date]

[Client Name]
[Street]
[City State Zip]

RE: [Name of Case]

Dear: [Name]

Please be advised that the Firm is purging its files of records pertaining to matters that have been closed for more than six (6) years. Our policy is to contact our clients and notify them of our intention to destroy the records unless they wish them returned.

Since these dead files pertain to matters that were concluded over six (6) years ago, you may not wish for their return. However, we will make these files available to you upon your written request. Please indicate your preference for destruction or return of the files on the attached listing and return it in the enclosed, self-addressed stamped envelope.

If you select destruction, the files will be physically destroyed by a method that will preserve client confidentiality. You will not be charged for this service.

If we are notified that you have received this letter, but we receive no response within six (6) weeks of your receipt, we will assume that you wish the file(s) to be destroyed.

If you wish the records returned, please contact us to arrange transfer of the file.

If you have questions, please address them to _______________________.

As always, we greatly appreciate your business and hope to continue working with you. Thank you for your assistance.

You may receive additional correspondence regarding closed files for other work we have done on your behalf.

Sincerely,

[Attorney]
[Firm]

_______ I/we prefer the file materials be destroyed.

_______ I/we prefer the return of the file(s).

__________________________________________ __________________________

[Client] [Date]