



Attorneys At Law
505 Montgomery Street, 11th Floor
San Francisco, California 94111

Telephone: 415.874.3500
Facsimile: 877.243.9183

Re: Your Consultation Request

Dear Potential Client:

Thank you for contacting The McGary Firm regarding your search for any attorney. As part of your interest in retaining an attorney, we will need to review pertinent documents and discuss your objectives and legal options as well as whether we will be able to represent you in these matters. If we are unable to assist you with your case, we will notify you promptly.

Attached, please find a Consultation Form. The Consultation Form will assist us in evaluating your case and any representation decisions. Please complete the Consultation Form and fax or e-mail it back to our office with copies of any documents that you believe will be helpful to our review of your case.

Facsimile: 877.243.9183

Email: assistance@themcgaryfirm.com

Please contact our office when you are ready to set up the initial consultation appointment. If The McGary Firm is retained for advice and counsel or full representation after the initial consultation, we will require additional items including but not limited to 1) an attorney-client fee agreement, and 2) a refundable retainer deposit.

If additional information is required, please feel free to contact our office at 415.874.3500.

Sincerely,

Support Services

The McGary Firm



Date: _____

Consultation Form

Use and submission of this Consultation Form through our website, www.themcgaryfirm.com is provided as a convenience in communicating with The McGary Firm. Please note that users of our web site, including those who send us electronic mail, do not enter into an attorney-client relationship with The McGary Firm, unless we separately and expressly confirm such a relationship and a client retainer agreement is fully executed. We do not seek to represent anyone based solely on a visit to our web site. Sending electronic mail to us is not necessarily a secure or confidential means of communication. If you have concerns about this, please contact our office line.

TO BE COMPLETED BY PROSPECTIVE CLIENT BEFORE THE CONSULTATION:

First Name: _____ Last Name: _____ DOB: _____
Business Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Home Telephone: _____ Fax: _____ E-mail: _____
Employer: _____ Employer Telephone: _____

PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR CASE:

Served with papers: _____ When: _____ Court Date: _____ Judge: _____
Names of Associated and/or Related Parties: _____
Other Side's Name: _____
Name of Opposing Counsel: _____

ADDITIONAL INFORMATION:

Spouse: _____ Spouse's Employer: _____ Phone: _____
Referred By: _____
Have you or anyone you know been contacted by the McGary Firm before? Who? (please provide name, address, and phone number)

Do you have or have you spoken to an attorney in this matter? Who? (please provide name, address, and phone number)

Thank you for taking the time to fill out our form!