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Welcome to our office. We hope to review your legal concern as efficiently as possible during your initial consultation. Please fill out this intake sheet as completely as possible. All information will, of course, be held in the strictest confidence.

Date: _____

Name: _____

Address: _____
Street City State Zip

Home Phone: _____ **Mobile Phone:** _____

Work Phone: _____ **FAX:** _____

Email: _____ **Pager:** _____

Employer: _____

Employer's Address: _____
Street City State Zip

Date of Birth: _____ **Driver's License:** _____ **SSN:** _____

How did you learn of our office? () Referral () Yellow Pages () Internet () Other: _____

Please describe the nature of your problem: _____

CONSULTATION FEE OF \$100.00 IS PAYABLE IN ADVANCE.

Please make check payable to Marla A. Pleyte or request a Credit Card Authorization Form

FOR OFFICE USE ONLY

Consultation: _____ **Minimum Fee:** _____

Retainer: _____ **Flat Fee:** _____

Rate: \$250/hr **Costs:** Y () N (X)

Notes: _____