

Matthew W. Chapel, Trial Lawyer  
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Office: 260-387-6236

### **Initial Client Consultation Interview Form**

The purpose of an initial consultation is for the attorney to advise you, the prospective client what, if anything, may be done for you, and what the minimum fee will be. The purpose is not to render a definitive legal opinion as it may be impossible to fully assess a matter within the time frame allotted for a consultation or with the documents that you may be able to provide at the initial consultation. One of five possible outcomes following your consultation:

1. You and the Attorney mutually agree to the terms of representation,  
or
2. The Attorney declines representation,  
or
3. You decide not to use the services of the Attorney.  
or
4. You require additional time in which to decide to retain Matthew W. Chapel,  
Attorney at Law  
Or
5. Preliminary investigation by attorney is needed

Other: \_\_\_\_\_

Note: The following questions will help us to understand the reason for your visit today. Your responses are protected by attorney/client privilege and will be held in strict confidence.

Date of Consultation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Name: \_\_\_\_\_  
(Last, First, MI)

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Where are you employed? \_\_\_\_\_

May we contact you there?  Yes  No

Work Phone. (\_\_\_\_) \_\_\_\_\_

Client Name: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Birthday Month and Day: \_\_\_\_\_

Please check which issues you may need advice about or assistance with today:

Criminal Charge \_\_\_\_\_ Protective Order \_\_\_\_\_

Expungement \_\_\_\_\_ Personal Injury \_\_\_\_\_

Traumatic Brain Injury \_\_\_\_\_

Other \_\_\_\_\_

**Briefly** list the nature of your visit below:

Are there other parties involved? (Examples: family member, parent, sibling, etc. This should include people or parties on either side of your issue)

Party \_\_\_\_\_ Relationship \_\_\_\_\_

Party \_\_\_\_\_ Relationship \_\_\_\_\_

If you have a hearing scheduled for your case, please provide the following:

Date of Hearing: \_\_\_\_\_

County/State: \_\_\_\_\_

Court: \_\_\_\_\_

Cause number (if available): \_\_\_\_\_

Nature of Charge(s): \_\_\_\_\_

On the lines below, list any documents (papers) that you think may help us to understand the issues.

(1) \_\_\_\_\_

Client Name: \_\_\_\_\_

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

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(NOTE: Any documents you supply that are important to your matter will be photocopied, with your permission, and your originals returned to you at the conclusion of the initial interview.)

Ideally, if things turn out precisely the way you want, what would the outcome be?

Please classify your urgency in concluding this matter? (Check One)

- Critical - Personal safety or continuation of business depends on it.
- Very important - severe hardship or problems if not resolved quickly.
- Important - Matter interferes with business or personal financial stability.
- Needs to be done, but no immediate hardship in the interim.
- Just thought I'd see if it was worth pursuing, but I'm not counting on anything.
- Just wanted to know what my rights are.

Are we the first attorneys you have consulted regarding this matter?

- Yes  No

If No – Who else have you consulted?

If No – Why didn't you hire their services?

Have you ever been represented by an attorney before?

- Yes  
 No

If Yes - Please state the circumstances:

Client Name: \_\_\_\_\_

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

How will you pay for your attorney's fees in this matter?

- Check today                       Cash today
- Credit card (a 6.65% processing fee will apply)
- Google Pay (submit to matt.chapel@gmail.com)

Marital Status:  Married  Single  Divorced  Widowed  Separated

Are you known by any other names?

- Yes-If so, what name(s)? \_\_\_\_\_
- No

If your mail is returned as undeliverable or your telephone service terminated, please provide the name of someone you believe will always know how to contact you.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

How did you learn of our office?

- A friend    Name: \_\_\_\_\_
- Yellow Pages \_\_\_\_\_  yp.com \_\_\_\_\_
- Bar Referral     Online directory/map (please specify): \_\_\_\_\_
- Former client    Name: \_\_\_\_\_
- Another attorney/law firm: Name: \_\_\_\_\_
- Website/App; please specify \_\_\_\_\_
- Online Ad; please specify \_\_\_\_\_
- Other: \_\_\_\_\_

Client Name: \_\_\_\_\_

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

May we send you periodic newsletters from this office via your email address?

Yes  No

**PLEASE READ CAREFULLY & Sign Below**

***NOTICE: This office does not represent you with regard to the matters set forth by you herein in this information sheet or discussed during your consultation, unless and until, both you and the Attorney execute a written Agreement for Representation.***

Following your initial interview, if you agree to hire the Attorney, and the Attorney agrees to represent you, you will both sign an Agreement for Representation. The Agreement for Representation will set forth the terms and conditions of representation.

If the Attorney does not agree to represent you, this includes not representing you with regard to the matter set forth by you on this information sheet, nor any other matters you may discuss with the Attorney during your consultation.

If your legal problem(s) involve a potential lawsuit, it is important that you realize a lawsuit must be filed within a certain period of time called a Statute of Limitations. Therefore, the Attorney strongly urges you to immediately consult with another attorney to protect your rights. The Attorney's decision not to represent you should not be taken by you as an expression regarding the merits of your case.

**SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

Client Name: \_\_\_\_\_

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

Contact Info: \_\_\_\_\_

**This portion to be completed by the Attorney**

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Will represent (see New Case Memo and Agreement for Representation attached)

Will investigate and report (Schedule a follow-up conference for \_\_\_\_ days)

Representation declined - Letter of declination will be sent.

Party will "think about it" and get back with us - No action to be taken

Client declined Representation at this time.

Client Referred by: \_\_\_\_\_

\*Send Thank You Letter if client moves forward with representation

Interviewed by \_\_\_\_\_ This \_\_\_\_ Day of \_\_\_\_\_

Notes: