



## LAW OFFICE OF CLAUDINE U. GASANA, PLLC

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### Initial Consultation Information

Thank you for considering our services! The purpose of an initial consultation/case evaluation 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 designated time frame for a consultation or with the (information or documents) that you may be able to provide at the initial consultation.

The Initial Consultation Fee is **\$150.00 for 1 hour**. This fee is credited toward the Attorney's fee if at the end of the initial consultation, you decide to hire our firm within two months.

One of three outcomes is possible following your initial consultation.

- A. You and Law Office of Claudine U. Gasana, PLLC Attorney mutually agree to the terms of representation, and a separate document called a Client Services Agreement is signed by you and Law Office of Claudine U. Gasana, PLLC, or**
- B. The Law Office of Claudine U. Gasana, PLLC Attorney declines representation, or**
- C. You decide not to use the services of the Law Office of Claudine U. Gasana, PLLC Attorney.**

**Please verify your name and contact information (this information is required to proceed with the consultation):**

Full Name: \_\_\_\_\_  
Last First Middle

Company (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ Apt No. \_\_\_\_\_

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

Telephone: \_\_\_\_\_  Home  Mobile Email: \_\_\_\_\_

**Briefly explain what you may need advice about or assistance with today.**

***Your response is protected by attorney/client privilege and will be held in strict confidence.***

**PLEASE READ CAREFULLY & Sign Below:**

Following your initial interview, if you agree to hire Law Office of Claudine U. Gasana, PLLC, and we agree to represent you, you will sign a Client Services Agreement which will set forth the terms and conditions of representation.

If we are willing to represent you and you decide not to sign a Client Services Agreement today, you may contact us at a later date to retain our services.

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 Law Office of Claudine U. Gasana, PLLC execute a written Client Services Agreement for representation. If the Law Office of Claudine U. Gasana, PLLC does not agree to represent you, this includes not representing you with regard to the matter set forth by you on this information sheet, or any other matters you may discuss with the Attorney during your consultation. The Attorney's decision not to represent you should not be taken by you as an expression regarding the merits of your case. **In any event, if you do not engage our services or the Attorney decides not to represent you, you understand that there may be time deadlines associated with your immigration matter that you must consider.**

Your signature acknowledges only that you have received a copy of this completed information sheet. Your signature here does not mean you have hired our Firm.

SIGNATURE \_\_\_\_\_ DATE  
\_\_\_\_/\_\_\_\_/\_\_\_\_

**Credit Card Authorization Form**

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

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

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

Credit Card Type  Visa  Mastercard  American Express

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_ (three digit code found on back of card or four digit code for American Express)

Name as it Appears on Card \_\_\_\_\_

Date of Authorization \_\_\_\_\_ Amount Paid \_\_\_\_\_

Signature \_\_\_\_\_

**Please fax or email this completed form to 281-809-5599, [contact@cugasanalaw.com](mailto:contact@cugasanalaw.com) BEFORE your appointment. To avoid rescheduling of your consultation appointment, please return this form before your scheduled appointment time.**

**Thank You!**