



**INITIAL CONSULTATION DECLARATION**

PLEASE NOTE THAT OUR FIRST MEETING IS AN INITIAL CONSULTATION ONLY. IT DOES NOT ESTABLISH AN ATTORNEY- CLIENT RELATIONSHIP.

An initial consultation (the “Consult”) has been scheduled for you with an attorney at Slonim Law (the “Firm”). **This Consult will not be initially charged to you. However, if you wish to retain the firm for legal services discussed during the Consult, we will need the engagement agreement (to be sent in a follow up email) signed and returned within fourteen (14) calendar days, along with the agreed upon payment. If our Firm is not retained within that time, the Consult, billed at the attorney’s standard hourly rate (\$300-\$325/hr.), will be due and charged to the credit card provided below. IF WE DO NOT RECEIVE THIS EXECUTED DOCUMENT BACK PRIOR TO THE SCHEDULED CONSULT, THE APPOINTMENT WILL BE CANCELED.**

The purpose of this meeting is a limited scope service provided by the attorneys of the Firm to understand your individual situation and goals, discuss planning options, answer questions, and together develop a plan to address your stated need.

All information provided to our Firm at the Consult is protected by the Attorney-Client privilege. Please understand, however, that by meeting with you to discuss your legal concerns, we have not undertaken your representation. Meeting with our Firm for the Consult does not bind this Firm in any way to provide further work or legal services. Should this Firm undertake your representation, our arrangement must be formalized in writing and consideration must be paid for our services beyond the cost of the Consult. Once we determine whether we can represent you in your matter, we will quote a fee for the requisite legal services.

By your signature below, you acknowledge that you have read this entire document, and agree and understand the limited nature of the Consult, as well as its cost. Thank you for considering our Firm. We look forward to our meeting.

The undersigned acknowledges having read, understood, and agrees to the statements above.

_____	_____	_____	_____
Name on Card	Card #	Expiration Date	Security Code

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Signature of co-Client (if any)

\_\_\_\_\_  
Printed Name of Client

\_\_\_\_\_  
Printed Name of co-Client (if any)

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Date

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Date