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NEW CLIENT FORM

DATE: _____ TIME: _____ a.m./p.m.
NAME: _____
HOME ADDRESS: _____
_____ ZIP CODE: _____
TELEPHONE: _____ FAX: _____
COMPANY NAME: _____
ADDRESS: _____
_____ ZIP CODE: _____
TELEPHONE: _____ FAX: _____
CELL PHONE: _____ EMAIL: _____
BILLING ADDRESS: COMPANY _____ HOME _____
CONTACT NAME TO SEND BILL TO: _____
PURPOSE OF VISIT: _____

REFERRED BY: _____

CONSULTATION FEE:

Consultations are billed at \$375.00 per hour for each hour of the meeting and/or telephone conference.

Payment for a consultation shall be made at the time of the consultation, or as agreed by the Law Firm. I agree to pay for the consultation time as stated above.

Date

Client Signature

Client Signature