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CLIENT INFORMATION

Please take a moment to complete this form. All information is confidential.

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Please briefly describe the matter in which we will be representing you: _____

For Office Use Only

Attorney:						
Matter Description:						
<i>(Hourly Rate)</i>		<i>(Fixed Rate)</i>		<i>(AOPA)</i>		Is this Adversarial?
Retainer:				Type of Folder:		
Rate:				Pleadings binder:		
Adverse parties (if company, include principals):						
ENG	RE	QB	CF	OLF	OLC	AFL

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I hereby authorize The Kelly Legal Group, PLLC to charge my credit card for payment of the invoice and for legal services I requested. I understand that service charges apply and will appear on my next invoice. All credit/debit card transactions are subject to a convenience fee of 3% of the total charge, this fee is non-refundable.

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Amount to be Charged & For payment of:

Retainer \$ ____

Invoice # ____ \$ ____

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Authorized Signature:

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Thank you for the opportunity to be of service. We look forward to assisting you.