

**Achille, Ellermeyer & French  
Attorneys at Law**

379 Main Street, Brookville, PA 15825 (814) 849-6701 or (800) 498-2889

**New Case Information**

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

**Client Personal Data**

Client Name		Birth Date	SSN	File No.	<input type="checkbox"/> Established Client <input type="checkbox"/> New Client	
Address	City	State	Zip	Business Phone ( ) ( )	Home Phone ( ) ( )	
Email	Permission to Contact via email? <input type="checkbox"/> Yes <input type="checkbox"/> No		Cell Phone ( ) ( )	Company/Provider		

**Alternate Contact**

Name		Birth Date	SSN	Business Phone ( ) ( )	Home Phone ( ) ( )	
Address	City	State	Zip		Cell Phone ( ) ( )	

**CASE DATA**

File Label	Case Issue						
Case Type	<input type="checkbox"/> Appeal	<input type="checkbox"/> Business	<input type="checkbox"/> Corporate	<input type="checkbox"/> Estate	<input type="checkbox"/> Litigation	<input type="checkbox"/> Municipal	<input type="checkbox"/> Real Estate
	<input type="checkbox"/> Tax	<input type="checkbox"/> Trust	<input type="checkbox"/> B.I.	<input type="checkbox"/> Workers Comp	<input type="checkbox"/>	Other: _____	

Case Referred By:	Initiating Partner/Associate
-------------------	------------------------------

**OPPOSING PARTY**

Address					
City	State	Zip	Business Phone ( ) ( )	Home Phone ( ) ( )	Cell Phone ( ) ( )

Opposing Party's Attorney/Insurance Carrier			Address		
City	State	Zip	Business Phone ( ) ( )	Home Phone ( ) ( )	Cell Phone ( ) ( )

**FINANCIAL ARRANGEMENT**

Fixed Fee of \_\_\_\_\_

Hourly Rate @ \_\_\_\_\_

Retainer of \_\_\_\_\_

Number of Service Hours Covered by Retainer . . . . .

Estimated Total Fee . . . . . \$ \_\_\_\_\_ to \$ \_\_\_\_\_

Contingent Fee of \_\_\_\_\_ % of Total

Case Accepted:  Yes  No    Free Consultation Only:  Yes  No

**DEADLINES**

Type of Case: / / /

Date Occurred: / / /

Statute of Limitations:

# of Years: / / /

SOL deadline: / / /

Review Date / / /

**CONFLICTS CHECKED BY \_\_\_\_\_  OK  Conflict (Explain: \_\_\_\_\_)**

Summary:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Advice Given:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I/We agree to the above. I/We acknowledge my file may be retained for 3 years after my case is closed and consent to it's destruction after that time.

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