

THE LAW OFFICES OF:  
**ROBERT N. BASS, LTD.**

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**NEW MATTER INFORMATION SHEET**

**Important:** There will be a minimum charge of **\$300** for the first hour of the initial consultation. Payment is to be made at the time of the consultation. Thereafter, you will be billed at the normal hourly rate of **\$350** for any additional work. If you decide to retain Robert N. Bass, after the initial consultation, a retainer will be required before work can begin. *(Please note that the following information is confidential and is strictly for administrative and conflict of interest purposes only.)* Please acknowledge that you have read and understand the above by signing below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Please make your check payable to **ROBERT N. BASS, LTD.**, and we also accept Visa and MasterCard.

Full Name: \_\_\_\_\_ Other or Prior Names Used: \_\_\_\_\_  
                    First                    Middle                    Last

Birth date: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ FEIN.: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Other or Prior Names Used: \_\_\_\_\_  
                    First                    Middle                    Last

Birth date: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ FEIN.: \_\_\_\_\_

Bills and correspondence should be mailed to:  Residence  Business

Referred by:

Business Name: _____	City: _____	State: _____	Zip: _____
Address: _____			
Work Phone: (____) _____	Work Fax: (____) _____		
Business E-Mail: _____			

Home Address: _____	City: _____	State: _____	Zip: _____
Home Phone: (____) _____	Home Fax: (____) _____		
Cell Phone: (____) _____	Home E-Mail: _____		

Broker: _____	Broker Phone: _____		
Address: _____	City: _____	State: _____	Zip: _____
E & O Carrier: _____			
Was this your broker at the time of the incident? _____	If not, who was your broker? _____		
Prior Broker Phone: _____	Prior Broker Address: _____		
Have you reported this matter to your E & O carrier? _____			
If yes, date when you first placed your insurance carrier on notice: _____			

Have you been served with a Complaint? _____	If so, what was the exact date you were served? _____	
What type of Complaint? ADRE _____	Court _____	Complainant Name: _____

Nature of Matter: _____	
<b>Names of All Potential Parties Represented:</b> _____	
<b>Names of All POTENTIAL ADVERSE Parties:</b> _____	
<b>Attorney for Adverse Parties:</b> _____	
<b>Names of All Potential Other Parties:</b> _____	
<b>Note:</b> This information is <u>essential</u> to avoid any conflicts of interest in representing you. Please be as thorough as possible, i.e. businesses, individuals, spouses, etc.	
If a business, Name of Business: _____	Business Address: _____

**Please Note:** Merely completing and submitting this form does not constitute a Client Relationship between Robert N. Bass, Ltd. and any other party. To become a client of Robert N. Bass, Ltd. a party must (1) personally speak with Mr. Bass, who agrees to accept legal representation; (2) sign a written Letter of Engagement with Mr. Bass; and (3) provide to Robert N. Bass, Ltd. an advance retainer for legal services to be rendered.

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Consultation Fee: \_\_\_\_\_ Cash: \_\_\_\_\_ Check: \_\_\_\_\_ VISA / MASTER CARD: \_\_\_\_\_ Other: \_\_\_\_\_ Received By: \_\_\_\_\_  
Conflict Checked: \_\_\_\_\_ Date: \_\_\_\_\_ Results: \_\_\_\_\_ Amicus: \_\_\_\_\_