

Kathryn Bradfield Lanan

ATTORNEY AT LAW

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Minimum Consultation Fee: \$100.00

**KATHRYN BRADFIELD LANAN
CLIENT INFORMATION - ADOPTION**

Date _____ Referred By _____

ADOPTING PARENTS INFORMATION:

Client's Name _____ Age _____
Address (home) _____ Hm# _____ Cell _____
City _____ State _____ Zip _____
Fax _____ E-Mail _____
Mailing Address (if different): _____
Place of Employment _____ Wk# _____
Address (work) _____
City _____ State _____ Zip _____
Place of Birth _____ Date of Birth _____ County _____
Race _____ Driver's License No. _____ SSN# _____

Client's Name _____ Age _____
Address (home) _____ Hm# _____ Cell _____
City _____ State _____ Zip _____
Fax _____ E-Mail _____
Mailing Address (if different): _____
Place of Employment _____ Wk# _____
Address (work) _____
City _____ State _____ Zip _____
Place of Birth _____ Date of Birth _____ County _____
Race _____ Driver's License No. _____ SSN# _____

BIOLOGICAL PARENTS INFORMATION:

Full Legal Name _____ Age _____
Address (home) _____ Phone _____
City _____ State _____ Zip _____
Fax _____ E-Mail _____
Place of Employment _____ Phone _____
Address (work) _____
City _____ State _____ Zip _____
Place of Birth _____ Date of Birth _____ Race _____
Driver's License No. _____ Social Security No. _____
Religious Affiliation _____ Active/Inactive _____ Church _____
Do you anticipate this parent will voluntarily relinquish? Yes No

Full Legal Name _____ Age _____
Address (home) _____ Phone _____
City _____ State _____ Zip _____
Fax _____ E-Mail _____
Place of Employment _____ Phone _____
Address (work) _____
City _____ State _____ Zip _____
Place of Birth _____ Date of Birth _____ Race _____
Driver's License No. _____ Social Security No. _____
Religious Affiliation _____ Active/Inactive _____ Church _____
Do you anticipate this parent will voluntarily relinquish? Yes No

CHILDREN

Name _____ Sex _____ Date of Birth _____
Place of Birth _____ County _____ State _____
Social Security No. _____
Present Address _____ City _____ State _____

Name _____ Sex _____ Date of Birth _____
Place of Birth _____ County _____ State _____
Social Security No. _____
Present Address _____ City _____ State _____

Name _____ Sex _____ Date of Birth _____
Place of Birth _____ County _____ State _____
Social Security No. _____
Present Address _____ City _____ State _____

FEE AGREEMENT FOR INITIAL CONSULTATION

Because of the increased costs of billing and because of other collection problems, clients who receive professional services at an initial office consultation will be expected to pay for the attorney prior to the appointment. The payment shall be in cash or other secured form. If a personal check is given the client's driver's license number should be included.

The following fees apply to professional services:

One initial office consultation with client, on one or more subjects:

Up to one-half hour	\$100.00
Over one-half hour, up to one hour	\$150.00
Over one hour - attorney's regular hourly rate	\$250.00

All other professional services are billable at the hourly rate of \$225.00. Prior to the attorney and client entering into an agreement for professional services, the attorney will set a minimum retainer fee based on the projected services required to manage the subject matter. The minimum retainer will be used at the rate of \$225.00 per hour. If profession hours exceed, the prepaid services, the client will be billed for additional services at the rate of \$225.00 per hour. The minimum retainer fee is based upon an estimation of time to handle your case and court costs or other expenses incident to the rendering of professional services.

The client will be charged for sums paid to outside sources (i.e., court costs, clerk, sheriff or court reporter fees) and for photocopies of documents, postage expense exceeding a minimum sum, long distance telephone calls, cellular phone costs and other special client expenses. Services of investigators and legal research assistants (other than the attorney) will be billed at the hourly rate charged by those service providers.

Your questions about professional fees are invited. The attorney-client relationship is better served by open discussion of fees. This information has been provided to you so that you will have a pre-interview opportunity to consider financial arrangements.

IT IS UNDERSTOOD AND AGREED THAT THIS FIRM DOES NOT REPRESENT YOU (AND WILL NOT COMMENCE SERVICE ON YOUR BEHALF) UNTIL THE INITIAL RETAINER IS PAID AND THE EMPLOYMENT CONTRACT IS SIGNED.

You must sign this agreement prior to the consultation.

Client's Signature

Date

Client's Signature

Date