## Law Offices of Christon C. Skinner, P.S.

Today's Date:			Office File No.:	
Time of Appointment:		•	Attorney:	··· **********************************
•		Person	nal Information	
Full Name:				
Address:	Last		First	M.I.
	Street Address			Apartment/Unit #
City Home Phone: ( ) Work Phone: ( )				
E-mail Addre				
Social Secu	unity No.:			
	Case Type			
Family Law/Divorce Criminal Adoption		Estate Planning Real Estate Trusts	Probate Personal Injury Bankruptcy	General Civil Employment Business
Name(s) of Opposing P Referred by	Party:			
			For Office Use Only	
File Title: Notes:				
-				
-				
Fee Arrangeme	ent: Hourly	Rate: \$	Flat Fee: \$	The street and the st
	Initial S	Retainer: \$	Fee Deposit: \$	Hr Pate: