

CONSULTATION INFORMATION

SECTION ONE

My contact info:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Nos.: _____ Fax: _____

Email: _____

SECTION TWO

Summary of my questions and concerns: _____

SECTION THREE

Our contact info:

The Jeffery S. Watson Law Firm Ltd
328 Harbor St., Ste. 16
Conneaut, OH 44030

Phone: 440-599-2827
Fax: 440-599-1836
Email: jeffwatson@suite224.net

My rate is \$350 per hour. The first 10 minutes are at no charge. Your card will not be charged until the consultation is complete and the amount has been agreed upon.

Credit Card Information

Card Holder _____ Card Number _____

Amex Discover Master Card VISA

Expires _____ CVV _____

Signature _____