

LAW OFFICES OF  
**West & Associates, P.C.**  
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C. Arthur West, III

**Client Information Sheet**

**Client Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Spouse' s Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Referred by:** **Personal Referral** \_\_\_\_\_ **If so, who?** \_\_\_\_\_

**Office Sign** \_\_\_\_\_ **Yellow Pages** \_\_\_\_\_ **Website** \_\_\_\_\_

**Other:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Receive E-newsletter? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Nature of Legal Problem:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I, (We) the above prospective client(s) agree that the fees for legal services are \$200.00 per hour with a minimum consultation fee of .5 hours.**

\_\_\_\_\_  
**Client Signature (Date)**

\_\_\_\_\_  
**Client Signature (Date)**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Printed Name**