



R. MAX BEST, P. A.

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NEW CASE INFORMATION

Date _____

Name _____ Date of Birth _____ Social Security No. _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail Address _____ Alternate E-Mail Address _____

Mailing Address _____

Employer _____

Occupation _____

Work Address _____

Resident of New Mexico _____ years _____ months

Spouse _____

Address (if different) _____

Child(ren) _____ DOB _____

_____ DOB _____

_____ DOB _____

Opposing party (if any) _____

Accountant _____

Case Type _____ Trust _____ Collection _____ Business or Corporation

_____ Guardianship _____ Will _____ Probate

_____ Real Estate _____ Foreclosure _____ Tax Planning or Tax Dispute

Were you referred to this office? Yes or No

If "yes", by whom? _____

DO YOU CONSENT TO RECEIVING CORRESPONDENCE, BILLINGS AND DOCUMENTS BY EMAIL? _____ (Yes) _____ (No) **CLIO Connect** _____ (Yes) _____ (No)

CREDIT CARDS _____ (Yes) _____ (No) _____ N/A

WAIVER FEE AGREEMENT _____ (Yes) _____ (No)

FOR OFFICE USE ONLY:

FILE NAME: _____

Conflict Check: _____ Yes _____ No _____ N/A

New Matter Created in Clio by: _____

Financial Arrangement:

Fixed Fee _____ Fee Agreement _____

Hourly Rate _____ Waiver Fee Agreement _____

Retainer _____ Contingent Fee _____

_____ **PENDING** _____ **RETAINED** _____ **REJECTED**

**INITIAL ATTORNEY NOTES
INSTRUCTIONS TO STAFF**

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Urgent _____

Deadline (if applicable) _____

Conflict Check _____

Engagement Letter _____