

Client Informed Consent

**LAW OFFICES
P.O. Box 100
Thistown, U.S.A.**

DISCLOSURE STATEMENT

This disclosure statement is submitted in compliance with the Pennsylvania Rules of Professional Conduct, Rule 1.0, and your signature at the bottom of the page means you understand and accept the terms herein.

Name _____
Date

Permanent Mailing Address City, State Zip

Are you currently displaced? _____
YES NO

Temporary or Other Address City, State Zip

Permanent Telephone Number Temporary or Other Telephone
Number

INTERVIEW SUMMARY

I. Facts

II. Proposed course of conduct

III. Advantages and disadvantages

IV. Options and alternatives

V. Referral Option

Client is referred for further legal services: _____
Yes No

Referral Source: _____
Lawyer Referral Other-Identify

Client acknowledges receipt of a complete copy of this Disclosure Statement and approves the same.

APPROVED BY:

WITNESSED BY:

Client

Attorney