

CONSULTATION SHEET

DATE:	<u></u>						
NAME:							
ADDRESS:							
I want my consultation	In Person	Zoom	nPho	one	_Video Cal	1	
How did you hear abou	t us? <u>Friend</u>	Family	Online	CCBA _	Other: _		
County you're currently	v residing:Coll	ierLee	Charlotte _	Hendry _	Glades	Other:	
New Case:	Existi	ng Case client	Number:				
Phone Numbers: Home	fumbers: Home:			Cell	Cell:		
Email:		<u> </u>					
Waiver & Consent to MILIEN, ESQ. and MI been fully advised, and information in MLP's p	LIEN LAW PRAC Relation:_ fully understand to	CTICE PLLC	(MLP) and sta	aff, to release 1 information	e to: n pertaining	g to my case. I have	
Home:	Work:		Cell:				
Signed By <u>:</u>							

Please Note: we charge a \$150.00 Consultation Fee for all Family Law & Immigration Law Matters, which is due at the time of the consultation.

For Office Use Only

Quoted Fee Amount

Telephone: (239) 323-0747 <u>mlp@milienlaw.com</u> Fascimile (239) 312-5574