

**BACKGROUND INFORMATION**

**INDIVIDUAL INFORMATION:**

Last Name/ First Name/ Middle Name \_\_\_\_\_

Address (Include Zip): \_\_\_\_\_

Home Phone # Cell Phone # Work # (circle preferred) \_\_\_\_\_

Email Address – Facsimile No.: \_\_\_\_\_

**GUARANTOR, JOINT PARTY OR SPOUSE INFORMATION (IF APPLICABLE):**

Last Name/ First Name/ Middle Name \_\_\_\_\_

Address (Include Zip): \_\_\_\_\_

Home Phone # Cell Phone # Work # \_\_\_\_\_

Email Address – Facsimile No.: \_\_\_\_\_

Preferred method of communication: email \_\_\_ US mail \_\_\_ facsimile \_\_\_ pick up/hand delivery \_\_\_\_\_

**TYPE OF CASE (circle one):** Administrative License, Business/Corporate Law, Criminal Defense, Debt Collection, Debt Collection Defense, Family Law, Landlord/Tenant (Residential or Commercial), Personal Injury, Property Law – Land Use, Real Estate: Connecticut or Rhode Island – (Residential or Commercial), Wills, Trusts, Estate Planning, Probate Law. If this is a collection case, please state whether you have filed bankruptcy or have any claims against you.

**OTHER:** \_\_\_\_\_

**REFERRAL: PLEASE STATE WHO REFERRED YOU TO OUR OFFICE, WHETHER YOU HAVE RETAINED OUR SERVICES IN THE PAST (IF SO, PLEASE STATE THE YEAR AND TOPIC) OR HOW YOU DECIDED ON OUR OFFICE:**

\_\_\_\_\_

**STATE THE NAME OF EACH AND EVERY INDIVIDUAL OR ENTITY INVOLVED IN YOUR CASE FOR A CONFLICT CHECK:**

\_\_\_\_\_

\_\_\_\_\_

**PLEASE INDICATE IF THERE ARE ANY TIME CONSTRAINTS WITH REGARD TO YOUR MATTER:** \_\_\_\_\_

\_\_\_\_\_

**STATE BELOW WHETHER YOU WISH TO ENTER INTO A CONTINGENCY AGREEMENT OR AN HOURLY AGREEMENT. (THIS IS APPLICABLE FOR COLLECTION CASES)**

\_\_\_\_\_

**STATE BELOW WHETHER YOU SOLELY WILL BE PAYING FOR LEGAL FEES AND EXPENSES OR WHETHER YOU WILL BE RECEIVING FINANCIAL HELP FROM A THIRD PARTY GUARANTOR. (NOT APPLICABLE IN PERSONAL INJURY CASES)**

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**DO YOU WISH TO PAY A LUMP SUM RETAINER, PAY MONTHLY, OR DEFER PAYMENT? (ONLY APPLICABLE TO COLLECTION CASES)**

\_\_\_\_\_

**HAVE YOU, OR YOUR GUARANTOR, EVER BEEN INVOLVED IN A BANKRUPTCY? YES \_\_\_\_\_ NO \_\_\_\_\_**

By signing below, you are confirming that you have read and understand the two (2) page memorandum of policies and procedures and that you agree to the terms prior to any consult.

\_\_\_\_\_ Print name: \_\_\_\_\_

Signature  
Date: \_\_\_\_\_

(please see reverse side)

Please note, after you have retained the Law Office of Salvatore Ritacco, LLC you will be required to provide the following:

1. Social Security number
2. Date of Birth
3. Driver's License Number/State of Issuance