



THE SILBER LAW GROUP, LLC
1680 East Gude Drive, Suite 200
Rockville, MD 20850
(301) 787-8811 (O)
(301) 560-4477 (F)

CONFIDENTIAL CLIENT INTAKE CONSULTATION

CLIENT IDENTIFICATION

DATE of Interview: _____

Full legal name of client: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency contact? _____ Phone #: _____

Email: _____

Date of Birth: _____ Social Security #: _____

Drivers License No.: _____ Date of Expiration: _____ State: _____

Are you a U.S. Citizen? _____ If no, are you a legal resident? _____

What are the charges against you? _____

How did you hear about us? _____

THE SILBER LAW GROUP, LLC

www.silberlaw.com

COMMON SENSE. UNIQUE EDGE. SERIOUS ADVOCACY.

RETAINER AGREEMENT

I, _____, hereby retain The Silber Law Group, LLC (Attorney), to represent me in my criminal matter, and I agree to pay him Four Hundred Twenty-Five Dollars (\$425) per hour for the attorney's time and services expended on my behalf, and if this case should proceed to hearing, I agree to pay to him Four Hundred Twenty-Five Dollars (\$425) per hour for Court time. In the event that any costs are advanced by the attorney on my behalf, I agree to immediately reimburse the attorney for those payments.

Upon execution of this Retainer Agreement, and conditioned upon client's full, faithful and timely performance of his duties hereunder, the attorney will provide legal consultation and advice, draft such documents and pleadings as appropriate, hold conferences and negotiations, retain such others including, but not limited to expert witnesses, appraisers, court reporters and process servers as appropriate. If a private investigation becomes necessary, the attorney will arrange to place the client in contact with an investigator that the client may elect to retain.

Client undertakes to strictly obey any and all Court Orders entered in the case, to provide the attorney with truthful, complete and accurate statements concerning all relevant or even potentially or possibly relevant matters, and to keep the attorney apprised of any changes in such matters. It is understood that the attorney may withdraw from representation of the client, if the client fails to abide by these terms, or fails to pay fees as agreed to herein. Client further agrees that any unpaid balance will be deemed a confessed judgment, and Attorney may collect as allowed by law.

It is understood that the undersigned client has the primary and direct responsibility for the fees in this matter, and that billing may be issued to the client at appropriate times for accrued fees and additional retainers sufficient for anticipated immediate future fees.

These statements are due when received and any such statements must be paid prior to the proceeding of trial. Failure of such payment shall entitle the attorney at his option to withdraw from the case.

LEWIS M. SILBER
ATTORNEY AT LAW

LICENSED TO PRACTICE
IN THE STATE OF MARYLAND

VICTOR L. GRAVES
OF COUNSEL

LICENSED TO PRACTICE
IN MARYLAND AND THE
US DISTRICT COURT OF MD

The undersigned client and the attorney have agreed to a retainer/advance payment*, payable in the amount of _____ (\$_____).

DATE: _____

Receipt of retainer/advance in the amount of \$_____ is hereby acknowledged.

DATE: _____

The Silber Law Group, LLC

*The agreed upon retainer fee will be utilized as a credit against all hourly billings, and The Silber Law Group, LLC will maintain time records, available upon request in the form of an itemized Statement of Services.

Client Credit Card Pre-Authorization Form

Name: Lewis M. Silber, Esquire Business Phone: (301) 787-0311
 Business Name: THE SILBER LAW GROUP, LLC Business Fax: (301) 560-4477
 Business Address: 1680 East Hyde Drive, Suite 200 Business Email: lewis@silberlaw.com

In an effort to better serve our clients and simplify your billing experience, our firm offers credit card acceptance. Charge card information is filed with your confidential client information and kept secure.

OPTIONS

____ (initial) I hereby authorize _____ to charge the balance currently due on my account for the amount of \$ _____.

____ (initial) I hereby authorize _____ to charge the balance of my account automatically each month. Card will be charged the _____ of the each month for prior month fees.

____ (initial) I choose to manually pay my account balance. Balance for legal services is due on the _____ of each month. After the _____ of the month, balances are considered past due and will be charged a \$ 35.00 late fee. After _____ days, account balances will automatically be charged to the card on file.

PAYMENT INFORMATION

Client Name: _____

Client Billing Address: _____

Type of Card:



Card Number: _____

Expiration Date: _____ Security Code: _____

The undersigned guarantees performance of the financial provisions of this agreement.

Card Holder Name: _____

Signature of Card Holder: _____ Date: _____

CHARGE POLICY

____ (initial) Being the authorized cardholder or the Corporate Officer, by signing above I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my credit card for the services provided. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card upon request, to be charged for the payment of any outstanding balances owed. I furthermore confirm that I have received all services and goods to satisfactory conditions.

____ (initial) Charges made for actual services performed by our office are non-refundable. In the event of pre-payment any unused funds will be refunded within _____ days.