

# LEGACY ESTATES & TRUSTS, PLLC

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\* Licensed in Arkansas & Missouri

+ Licensed in Arkansas

DATE: \_\_\_\_\_

Your Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Employer & Address: \_\_\_\_\_

Please provide relevant information and attach all relevant documentation regarding the legal issues you are facing:

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*FOR OFFICE USE ONLY (DO NOT WRITE BELOW)*

SCOPE OF REPRESENTATION: \_\_\_\_\_

FEE STRUCTURE: \$ \_\_\_\_\_

LIMITATIONS OF REPRESENTATION:

RETAINER: \$ \_\_\_\_\_

\_\_\_\_\_

REFERRAL: \_\_\_\_\_

\_\_\_\_\_

APPROVED: \_\_\_\_\_

FOR FIRM

CLIENT

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