

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:

FOR OFFICE USE ONLY (DO NOT WRITE BELOW)

SCOPE OF REPRESENTATION: _____

FEE STRUCTURE: \$ _____

LIMITATIONS OF REPRESENTATION:

RETAINER: \$ _____

REFERRAL: _____

APPROVED: _____

FOR FIRM

CLIENT

CLIENT