

Client Consent Form

Authorization and acknowledgment of legal representation terms and conditions

Purpose: This form documents your informed consent to legal representation and acknowledgment of important terms, conditions, and rights regarding our attorney-client relationship.

1. Client Information

Full Legal Name*

Date of Birth*

dd/mm/yyyy



ID Number (Last 4 Digits SSN or DL)

Street Address*

City*

State*

ZIP Code*

Primary Phone Number*

Email Address*

Alternate Contact Number

Preferred Contact Method*

-- Select Contact Method --



2. Matter Information

Type of Legal Matter*

-- Select Matter Type --



Brief Description of Legal Matter*

Provide a brief description of the legal issue or matter requiring representation

Case Number (if applicable)

Court case number if already filed

Opposing Party/Parties (if applicable)

Name(s) of opposing party or parties

Assigned Attorney*

Attorney name

3. Consent to Representation

Important: By checking the boxes below, you acknowledge and consent to the terms of legal representation by our firm.

Consent to Legal Representation: I authorize the law firm and assigned attorney to represent me in the legal matter described above. I understand the attorney-client relationship is established upon signing this form and payment of any required retainer.

Fee Agreement Acknowledgment: I have received, reviewed, and agree to the fee agreement provided separately. I understand the billing rates, fee structure, costs, and payment terms that apply to my representation.

Scope of Representation: I understand the scope of legal services to be provided is limited to the matter described above unless expanded by written agreement. The attorney is not representing me for any other legal matters.

Conflicts of Interest Disclosure: I have been informed of any potential conflicts of interest related to my representation. I understand the firm has conducted a conflicts check and disclosed any issues requiring consent or waiver.

Communication Responsibilities: I understand I have a duty to communicate openly and honestly with my attorney, provide requested documents promptly, inform the attorney of any developments in my case, and respond to communications in a timely manner.

4. Electronic Communications and Technology Consent

Security Notice: While we take reasonable precautions to protect electronic communications, no system is completely secure. Electronic communications may be intercepted or accessed by unauthorized parties.

Email Communication: I consent to receive confidential legal communications via email at the address provided. I understand email is not completely secure and accept the associated risks.

Text Message Communication: I consent to receive case updates, appointment reminders, and brief communications via text message. I understand text messages are not secure for sensitive information.

Client Portal Access: I consent to use the firm's secure client portal for document sharing, secure messaging, and case information access. I agree to maintain the confidentiality of my login credentials.

Video Conferencing: I consent to participate in consultations, meetings, and proceedings via video conferencing platforms (Zoom, Microsoft Teams, etc.). I understand these platforms may have security limitations.

Voicemail Messages: I consent to the firm leaving detailed messages on my voicemail, including case-related information. I understand others may have access to my voicemail.

Communication Restrictions or Special Instructions

Specify any restrictions on when, how, or where we may contact you (e.g., do not call at work, email only, no voicemails)

5. File Retention and Document Handling

File Retention Policy: I understand the firm's file retention policy and acknowledge that closed case files are retained for a specified period (typically 7-10 years) before destruction. Original documents provided to the firm will be returned upon request.

Electronic File Storage: I consent to the firm maintaining case files in electronic format using secure document management systems. I understand physical documents may be scanned and the originals destroyed per firm policy.

Cloud Storage: I consent to the firm storing case files and documents on secure cloud-based platforms for backup and access purposes. I understand these platforms employ encryption and security measures.

File Destruction: I understand that at the conclusion of the retention period, case files may be destroyed without additional notice. I am responsible for obtaining copies of documents I wish to retain permanently.

Document Delivery Preferences*

-- Select Preference --



6. Third-Party Communications and Information Sharing

Expert Consultants and Witnesses: I consent to the attorney sharing relevant case information with expert consultants, witnesses, or specialists as necessary for my representation. I understand these parties may be required to maintain confidentiality.

Co-Counsel or Associated Attorneys: I consent to the firm associating with co-counsel or referring portions of my case to other attorneys with relevant expertise. I understand I will be informed of such arrangements.

Investigators and Support Services: I consent to the firm engaging private investigators, process servers, court reporters, or other support services necessary for case preparation and prosecution.

Insurance Carriers (if applicable): I consent to the attorney communicating with insurance carriers regarding my case, including sharing case information necessary for coverage evaluation or claims processing.

Authorized Third-Party Contacts

List any family members, business partners, or other individuals with whom the firm is authorized to discuss your case (name and relationship)

7. Financial Acknowledgments

Financial Responsibility: I understand I am financially responsible for all legal fees, costs, and expenses incurred in connection with my representation, regardless of case outcome.

Billing and Invoicing: I understand I will receive regular invoices detailing services rendered, time spent, and costs incurred. I agree to review invoices promptly and notify the firm of any questions or concerns.

Payment Terms: I agree to pay invoices according to the terms specified in the fee agreement. I understand failure to pay may result in withdrawal from representation subject to court approval and ethical obligations.

Trust Account (if applicable): I understand any retainer or advance payment will be deposited in the firm's trust account and fees will be withdrawn as earned. I will receive accounting statements showing trust account activity.

Case Costs and Expenses: I understand I am responsible for case-related costs and expenses including but not limited to: court filing fees, service of process, expert witness fees, deposition costs, court reporter fees, copying and postage, travel expenses, and investigation costs.

8. Informed Consent Acknowledgments

No Guarantee of Outcome: I understand no attorney can guarantee a specific result or outcome. My attorney will provide competent representation but cannot promise success in my legal matter.

Client Decision-Making Authority: I understand certain decisions in my case (settlement offers, plea agreements, testifying at trial) are mine to make after receiving advice from my attorney. The attorney will advise but I make final decisions on these matters.

Client Cooperation Requirements: I understand my case outcome depends significantly on my cooperation, including: providing complete and truthful information, responding promptly to attorney communications, attending scheduled meetings and court appearances, and following legal advice.

Attorney Withdrawal: I understand the attorney may withdraw from representation under certain circumstances including: non-payment of fees, client dishonesty, client criminal activity, conflicts of interest, or unreasonable client demands. Withdrawal requires court approval in some circumstances.

Client Right to Terminate: I understand I have the right to terminate the attorney-client relationship at any time. If I terminate representation, I remain responsible for fees and costs incurred up to the termination date.

9. Special Consents (if applicable)

Conflict of Interest Waiver (if applicable)

If a conflict of interest has been identified and waived, describe the conflict and the informed consent provided

Settlement Authority

-- Select Authority Level --

If Limited Authority, Maximum Settlement Amount Without Approval

\$

Additional Consents or Special Provisions

Any additional consents, acknowledgments, or special provisions specific to this representation

10. Withdrawal of Consent

Right to Withdraw Consent: You may withdraw certain consents (such as electronic communication preferences) at any time by providing written notice to the firm. Some consents (such as consent to representation) cannot be withdrawn retroactively but you maintain the right to terminate representation.

Consent Duration*

-- Select Duration --



11. Client Signature and Acknowledgment

I hereby acknowledge that I have read this Client Consent Form in its entirety, have had the opportunity to ask questions and receive clarification, understand the terms and conditions of representation, and voluntarily consent to legal representation under the terms described above.

Before Signing: Ensure you have reviewed all sections, understand your rights and responsibilities, and have had all questions answered by your attorney.

Client Signature*

Date*

Signature of Client

Date Signed

Printed Name*

Print client name

12. Attorney/Firm Acknowledgment

The undersigned attorney acknowledges receipt of this signed consent form and confirms that the client has been provided with all necessary information to make informed decisions regarding representation.

Attorney Signature*

Date*

Signature of Attorney

Date Signed

Attorney Name*

Print attorney name

Bar Number*

State bar number

Law Firm*

Law firm name

smith.ai

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