

JERI FLYNN & ASSOCIATES

A Professional Law Corporation
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(225) 926-7899 FACSIMILE

INITIAL CONSULTATION

Name: _____

Street Address: _____

Street/Apt No.

City/State/Zip Code

Mailing Address: _____

Street/P.O. Box/ Apt. No.

City/State/Zip Code

E-Mail Address: _____

Telephone: Home: _____ Work: _____ Cellular: _____

Employer: _____

Name

Street Address

City/State/Zip Code

Referred by: _____

INITIAL CONSULTATION POLICY

Ms. Flynn charges 300.00 per hour during an initial consultation. Ms Flynn expects payment in full at the conclusion of the consultation.

Ms. Flynn will explain your situation *vis a vis* immigration and naturalization law, and she will estimate attorney fees and costs to assist you in any particular matters. If you and Ms. Flynn decide that she will assist you in a particular matter, your verbal agreement with her for payment of services and costs for assistance in the particular matter will be reduced to writing and made part of your office file.

I have read and understand the Initial Consultation Policy of Jeri Ann H. Flynn. At the conclusion of this consultation, I agree to pay Ms. Flynn for time spent consulting with me.

If I do retain Ms. Flynn for purposes of completing my immigration work, I agree to be billed for costs on my behalf, such as postage, photocopies, photographs, etc., and for any excess time over the minimum fee quoted by Ms. Flynn. In addition, I agree to pay any costs over \$100.00 in advance, including CIS filing fees.

Signature

Date:

****OFFICE USE ONLY BELOW THIS LINE****

Begin time: _____ End time: _____

_____ hours @ \$300.00 = _____ Total Fee \$ _____

Estimated minimum fee for legal services: _____

Type of work (i.e. Relative Visa Petition): _____ \$ _____

Estimated filing fees: \$ _____