

Intake Agreement

Augustin Egelsee L.L.P. charges a \$600 fee for a consultation. This session takes place in our office or by phone. At the time of the consultation we will discuss your child's case as well as explain to you the due process procedure.

The fee for the consultation is non-refundable. Please fill out the information requested on the following page and return to our offices along with payment of the consultation fee.

PLEASE READ CAREFULLY & Sign Below:

Following your initial consultation, if you agree to hire the Attorney and the Attorney agrees to represent you, you will both sign a Retainer Agreement. The Retainer Agreement will set forth the terms and conditions of representation.

NOTICE: This is not a retainer. It is an agreement to review your child's educational records and consultation with an attorney only.

Your signature acknowledges only that you received a copy of this completed information sheet.

Print Name

Signature

Date

CLIENT INFORMATION FORM

Date _____

Student Name

DOB

Grade

Disability (if any): _____

School District

School District Phone

Contact Person

Phone

School

School Phone

Mother

Home Phone /Cell

SS#/DL#

Work Phone/Fax Number

Father

Home Phone /Cell

SS#/DL#

Work Phone/Fax Number

Mother's Home Address

Father's Home Address (if different)

Have you filed for hearing? _____ When? _____ OAH #: _____

Briefly state why you are seeking legal representation (please attach additional sheet of paper if needed):

Please state how you heard about our Law Office:

Internet Which Website?

Orange County Bar Association:

Attorney Referral Service:

Please specify?

Yellow Pages:

Other:

**AUTHORIZATION FOR
RELEASE OF INFORMATION**

I, _____, the undersigned, residing at
name

_____, CALIFORNIA

address

_____, hereby authorize Danielle Augustin and/or

zip code

Edwin Egelsee, Attorneys at Law and their designees, to represent

name

Date of Birth _____ with respect to educational issues.

I further authorize any person, insurance carrier, health service organization, mental health service provider, state, county or local government agency, school, university, corporation, or other entity to release to DANIELLE AUGUSTIN And/or EDWIN EGELSEE, their employees and their designated agents any and all information and documents within his/her its possession pertaining to the individual represented including but not limited to legal, academic and/or medical files, records, reports, billings, and any correspondence relating to such financial, medical, therapeutic, psychological psychiatric, mental health, social vocational, rehabilitative services, etc., records, reports and any correspondence

I understand that this authorization, except for action already taken, is subject to revocation by me at anytime.

I also understand that a photocopy and/or facsimile of this authorization has the same effect as the original.

DATE

PRINT NAME OF INDIVIDUAL GIVING AUTHORIZATION

SIGNATURE OF INDIVIDUAL GIVING AUTHORIZATION

I am the parent/guardian/conservator of the individual for whom authorization is given

CREDIT CARD AUTHORIZATION

Date _____

Name of card holder

Credit Card billing address

Credit card #

Exp. Date Mo/Day/Year

Signature Code (last 3 digits in back of card)

I, hereby, authorize Augustin Egelsee L.L.P. to use my credit card number to debit my account for _____ (amount), for legal services and a twenty-five dollar administrative fee (\$25).

I understand that this fee is non-refundable. A fee of \$100 will be charged for American Express transactions.

Signature of card holder