



**J. KELLY KENNEDY**  
Attorney/CPA, P.L.L.C.



**J. KELLY KENNEDY**  
Attorney-at-Law /  
Certified Public Accountant

**CYNTHIA CROFOOT RIGNANESE**  
Attorney-at-Law

**CLIENT INFORMATION SHEET**

Please complete the following questionnaire. This information will assist us in conducting our conference. When you have completed the questionnaire, please return it to our receptionist. PLEASE PRINT.

|                         |                |                      |                |
|-------------------------|----------------|----------------------|----------------|
| 1. NAME:                | _____          | NAME:                | _____          |
| 2. ADDRESS (Residence): | _____<br>_____ | ADDRESS (Residence): | _____<br>_____ |
| 3. ADDRESS (Mailing):   | _____<br>_____ | ADDRESS (Mailing):   | _____<br>_____ |
| 4. DATE OF BIRTH:       | _____          | DATE OF BIRTH:       | _____          |
| 5. SOC. SEC.#           | _____          | SOC. SEC.#           | _____          |
| 6. PHONE NUMBER(S):     |                |                      |                |
| Work:                   | _____          | Work:                | _____          |
| Home:                   | _____          | Home:                | _____          |
| Fax:                    | _____          | Fax:                 | _____          |
| Mobile:                 | _____          | Mobile:              | _____          |
| E-Mail:                 | _____          | E-Mail:              | _____          |

(providing an e-mail address authorizes the forwarding of correspondence and documents electronically).

7. Where do you prefer to receive phone calls? \_\_\_\_\_

8. Is this your first visit to our office? \_\_\_\_\_; If Yes, how did you find out about our firm? \_\_\_\_\_

9. Please specify the nature of subject upon which you are seeking legal counsel:

\_\_\_ Taxation                      \_\_\_ Corporation/Business  
\_\_\_ Probate/Estate Planning    \_\_\_ Real Property                      \_\_\_ Other: \_\_\_\_\_

**FEES:** Unless a different fee arrangement is agreed upon, legal services are charged at our normal hourly rate. The rate is subject to change periodically. The undersigned, jointly and severally, promises to pay at the current rates as follows:

**J. KELLY KENNEDY - Attorney-at-Law/Certified Public Accountant-\$350.00 per hour;**  
**CYNTHIA CROFOOT RIGNANESE - Attorney-at-Law - \$335.00 per hour;**

Payment for services rendered and any costs incurred, are due upon date of statement. In the event such payment is not received within 25 days after date of statement, a late payment charge at the rate of 1 1/2 % per month (ANNUAL RATE 18%), or the maximum allowed by law, on the unpaid balance, and the reasonable cost of collection, including reasonable attorney fees, shall be due. Jurisdiction and venue for any collection action shall be Polk County, Florida. There will be a \$30.00 fee charged for all returned checks.

Client hereby acknowledges that Attorney reserves the right to destroy any files, documents, original documents and other information provided by Client, or as a result of attorney work product, seven years from the date services were rendered, without further notice. **FACSIMILE AND/OR ELECTRONIC SIGNATURES SHALL SERVE AS ORIGINALS.**

\_\_\_\_\_  
CLIENT SIGNATURE  
Date: \_\_\_\_\_

\_\_\_\_\_  
CLIENT SIGNATURE  
Date: \_\_\_\_\_