

New Matter Memo

Prepared by: Your Name

Reason for Form - Choose One:

Date: February 23, 2001

CHECK ALL THAT APPLY:

ALL ITEMS

Client Information

Matter Information

File Information

Marketing Information

Request for Points Only

CLIENT

CLIENT NUMBER

CLIENT NAME (Last, First, Middle Initial)

TITLE/POSITION HELD IN CO.:

Choose One:

PROFESSIONAL DESIGNATION (IF ANY):

Choose One:

KEY PURCHASER OF LEGAL SERVICES?:

No

Yes

ORIGINATING ATTY. FOR THIS CLIENT:

OTHER ATTYS. FOR THIS CLIENT

BILLING ADDRESS (As It Will Appear On Invoice):

Name:

Billing Contact Name:

Address: Street Address
Suite or Floor
City

Telephone Number:
Fax Number:
State
E-Mail Address
Website

Zip Code

Secondary Address(es):

BUSINESS TYPE:

Choose One:

BUSINESS ENTITY:

Choose One:

CO. ANNUAL REVENUE:

Choose One:

NO. OF EMPLOYEES:

Choose One:

PRACTICE AREA(S):

Choose One:

INDUSTRY GROUP(S):

Choose One:

REFERRAL SOURCE:

Choose One:

THIS MATTER CAME TO US
BECAUSE...

Choose One:

MATTER(S)

MATTER NUMBER

ORIGINATING ATTYS FOR THIS MATTER

MATTER DESCRIPTION

%

RESPONSIBLE ATTY.:

%

BILLING ATTY:

%

BILLING FORMAT:

Choose One:

TOTAL 100%
%

SPEC. BILLING INSTR:

DIFFERENT MAILING

ADDRESS FOR MATTER:

LAW PRACTICE AREA:

Choose One:

Combined Bill:

No

Yes

PRACTICE AREA SUB-
CODE:

Choose One:

BILLING COMMITTEE APPROVAL (Required for all new Clients) _____

APPROVAL by ____ --For Special Billing Rates or Special Billing Instructions

If you need a file, provide extra copy of form for File Room

FILES

FILE NAME:

RE:

CROSS REFERENCE:

POINTS REQUIRED: Standard File Options:

FILE NO.:

RETURN FILE TO:

ADDITIONAL CARDS:

Custom File Points or New Points

MARKETING INFORMATION

PRACTICE GROUP(S):

Pick Option:

SERVICE(S):

Pick Option:

INDUSTRY(S):

Pick Option:

SPECIAL INTEREST(S):

Pick Option:

International, Multiple Jurisdictions, Gov't Relations, etc.

CLIENT TYPE:

Pick Option:

Small, Medium, Large, Mega

CLIENT RATING:

Pick Option:

Potential for future business

MAILING LIST(S) :

Pick Option:

MAILING PREFERENCE:

Pick Option:

Text, HTML, etc.

EVENT INVITATION(S):

Pick Option:

CLIENT FEEDBACK PROGRAM:

Pick Option:

OTHER:

Pick Option:

BILLING COMMITTEE APPROVAL (Required for all new Clients) _____

APPROVAL by ____ --For Special Billing Rates or Special Billing Instructions