

**Client Informed Consent**

**LAW OFFICES  
P.O. Box 100  
Thistown, U.S.A.**

**DISCLOSURE STATEMENT**

*This disclosure statement is submitted in compliance with the Pennsylvania Rules of Professional Conduct, Rule 1.0, and your signature at the bottom of the page means you understand and accept the terms herein.*

\_\_\_\_\_  
Name \_\_\_\_\_  
Date

\_\_\_\_\_  
Permanent Mailing Address City, State Zip

Are you currently displaced? \_\_\_\_\_  
YES NO

\_\_\_\_\_  
Temporary or Other Address City, State Zip

\_\_\_\_\_  
Permanent Telephone Number Temporary or Other Telephone  
Number

***INTERVIEW SUMMARY***

**I. Facts**

**II. Proposed course of conduct**

**III. Advantages and disadvantages**

**IV. Options and alternatives**

**V. Referral Option**

Client is referred for further legal services: \_\_\_\_\_  
Yes No

Referral Source: \_\_\_\_\_  
Lawyer Referral Other-Identify

*Client acknowledges receipt of a complete copy of this Disclosure Statement and approves the same.*

**APPROVED BY:**

**WITNESSED BY:**

\_\_\_\_\_  
Client

\_\_\_\_\_  
Attorney