

Consultation Date:	
Meeting with:	
Referral:	
Nature of Meeting:	
<b>CONTACT INFORMATION</b>	
Full Name:	
Surname at Birth:	
Date of Birth:	
Home Address:	
Home Phone Number:	
Cell Phone Number:	
Business Address:	
Business Phone Number:	
Email Address * :	
	*The email address provided will be used by the firm for communication purposes*
Preferred Address for Mailings (when applicable): <input type="checkbox"/> Home <input type="checkbox"/> Business	
Occupation(s):	

<b>SPOUSE/OTHER PARTY</b>	
Full Name:	
Surname at Birth:	
Date of Birth:	
Occupation:	
Counsel:	
*Please note that we do charge for Consultations*	
<b>OFFICE USE ONLY</b>	
Select one: <input type="checkbox"/>	Driver's License
<input type="checkbox"/>	Birth Certificate
<input type="checkbox"/>	Passport
<input type="checkbox"/>	Other (specify type)
Date of ID Verification:	
Identity Verified by:	
<i>Date of File Opening:</i>	
<i>Client/Matter Number:</i>	
<i>Introducing Lawyer:</i>	
<i>Responsible Lawyer:</i>	
<i>Date of Conflict Check:</i>	
<i>Conflict Check Completed</i> <i>By:</i>	

**GRANT CRAWFORD & WATSON LLP**  
**PAYMENT BY CREDIT CARD AGREEMENT**

I authorize Grant Crawford & Watson LLP to draw upon my credit card the fees associated with my first meeting/consultation ONLY

Credit Card Number: \_\_\_\_\_

Expiry Date of Credit Card: \_\_\_\_\_

Card Security Code (CSC – 3-digit code) \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Details of Payment:

\_\_\_\_\_

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