

**Massachusetts LOMAP**  
**INITIAL CONTACT FORM**

Date: \_\_\_\_\_ Referring Source (*specify if BBO*): \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Law Firm: \_\_\_\_\_ Law School: \_\_\_\_\_

Preferred Contact Address: \_\_\_\_\_  
 Home Address  
\_\_\_\_\_

Work Address  
\_\_\_\_\_

Alternative Address: \_\_\_\_\_  
 Home Address  
\_\_\_\_\_

Work Address  
\_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_  
 *Indicate if you wish for emails to be secured*

Primary Website: \_\_\_\_\_

**PLEASE SELECT THE LEVEL OF SERVICE YOU ARE REQUESTING:**

- Attend Start-Up Meeting
- Single-Question Phone Consultation (20-minute maximum)
- Multiple-Question Phone Consultation (1-hour maximum)
- Multiple-Question WebConference Consultation (1-hour maximum)
- LOMAP Office Consultation
- Attorney Office Consultation\*
- BBO-Ordered Audit\*\*

\* There is a \$75 administrative fee for each in-office consultation, payable, prior to appointment, by check made payable to "Lawyers Concerned for Lawyers".

\*\* For audits ordered by the BBO, there is no fee for the first in-office visit; however, if a cancellation is made without 24-hour notice, there is a \$75 administrative fee to reschedule the appointment.

**Staff Information:**

Employee Name	Position <i>(atty. - indicate if managing or partner, paralegal, etc.)</i>	Bar Admission	Years w/ Firm	Practice Areas

**Reason(s) for Contact:**

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**Other Areas of Interest:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Client Relations          | <input type="checkbox"/> Conflicts of Interest | <input type="checkbox"/> Docket/Calendaring    |
| <input type="checkbox"/> Records Management        | <input type="checkbox"/> Staff Management      | <input type="checkbox"/> Financial Management  |
| <input type="checkbox"/> General Accounting        | <input type="checkbox"/> Trust Accounting      | <input type="checkbox"/> Time and Billing      |
| <input type="checkbox"/> Office Technology         | <input type="checkbox"/> Office Equipment      | <input type="checkbox"/> Marketing/Advertising |
| <input type="checkbox"/> Other(s), please specify: | _____  |  |

Is this your first contact with LOMAP? YES NO If NO, explain: \_\_\_\_\_

How did you learn about LOMAP? (check all that apply)

- |                     |                          |                         |       |
|---------------------|--------------------------|-------------------------|-------|
| CLE Presentation    | <input type="checkbox"/> | Date(s) & Topic(s):     | _____ |
| Web/Internet        | <input type="checkbox"/> | Specify Website(s):     | _____ |
| Print Advertisement | <input type="checkbox"/> | Specify Publication(s): | _____ |
| Colleague/Friend    | <input type="checkbox"/> | Specify Name(s):        | _____ |
| Other               | <input type="checkbox"/> | Specify Any & All:      | _____ |

Would you like to receive LOMAP's Law Practice Management Tips eNewsletter, MAsses of Info?

YES NO If YES, provide preferred email address: \_\_\_\_\_  
(via email)

This form is for informational intake purposes only. LOMAP does not provide services until each individual seeking services has executed an appropriate service agreement.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_