

Contract for Employment

Now on the date so written below, the following entities acknowledge understanding and consent to the terms hereof and agree to be bound thereby. This contract is between Martin Paralegal Service, Party of the First Part, and _____, Party of the Second Part, hereinafter referred to as "Client."

Client acknowledges that he/she/it is retaining the services of Martin Paralegal Service to prepare all paperwork necessary to obtain the following agreed objective: ADULT NAME CHANGE. Client acknowledges that this packet will include all paperwork necessary to complete the above listed goal within the parameters of the information given by client to Martin Paralegal Service. Client acknowledges that Martin Paralegal Service will not, and cannot, give legal advice or legal information, but is simply completing paperwork, based on information obtained from Client, which will enable client to do all necessary filing to accomplish the objective specified above.

Client acknowledges that he/she/it understands that Martin Paralegal Service is not an attorney and does not have an attorney on staff. Therefore, if legal advice or legal information is needed by the Client, Martin Paralegal Service will provide referrals to licensed attorneys, with no warranty regarding any services provided by any attorney retained by client on referral of Martin Paralegal Service.

Client hereby acknowledges that the fee for the above listed services is \$150.00, and that no paperwork, of any kind or amount, will be completed or delivered to Client until said fee is paid in full. The fee shall be paid as follows: \$150.00 paid up front.

In consideration for said fee, Martin Paralegal Service agrees to provide its best efforts at preparing all necessary paperwork which can be used to accomplish the above listed objective of Client. Additionally, in consideration for said fee, Martin Paralegal Service agrees to exercise its best effort at completing said paperwork in a timely fashion, giving consideration to weekends and holidays. Martin Paralegal Service does not warrant the information given by Client, but is simply using the information given to complete the paperwork necessary. If Client gives incomplete or incorrect information which leads to a conclusion not wanted by Client, Martin Paralegal Service is not responsible therefore. Martin Paralegal Service agrees and acknowledges to make any changes due to errors made by Martin Paralegal Service, at no cost to Client.

Client acknowledges that Martin Paralegal Service will complete the paperwork necessary for Client to obtain the above listed objective, in accordance with the information given by Client. If Client wishes to make changes, said changes must be given to Martin Paralegal Service within 24 hours, or prior to the completion of the paperwork. If said changes are not given by Client with the specified and required time, an additional fee may be charged to Client to effect said changes. Fees shall vary on a case-by-case basis at the discretion of Martin Paralegal Service. Said payment shall be made prior to completion of said services.

Client acknowledges that the fees listed above are specifically for the objective listed above and if any additional work is requested by Client, Client must enter into a new contract and pay the required fee to Martin Paralegal Service to obtain said services.

DATED this ____ day of _____, 20__.

Accepted By Client:

Accepted by Martin Paralegal Service

MARTIN PARALEGAL SERVICE

405-714-0186 (talk or text)

NAME CHANGE QUESTIONNAIRE SHEET

GENERAL INFORMATION

(PLEASE PRINT CLEARLY)

Name: _____

Phone No. _____

E-mail Address: _____

Mailing Address: _____

INFORMATION NEEDED TO PREPARE NAME CHANGE

Full legal name: _____

Full address including county: _____

Date and place of birth (Facility/County/City/State): _____

Birth certificate number: _____

Full legal name changing to: _____

Reason for name change: _____

You will be required to provide a certified copy of your birth certificate. It can be obtained by contacting the Oklahoma State Department of Health, Vital Statistics at 405-271-4040.

Date: _____

Client Signature