

BEUSSE WOLTER SANKS MORA & MAIRE
CLIENT INTAKE FORM

Please fill out the information requested as legibly as possible. This form is provided in order for our firm to obtain basic information necessary to assess your current legal matter and check for conflicts of interest. All information provided shall remain strictly confidential regardless of our providing representation to you or not.

THIS FORM IS FOR INFORMATIONAL AND ASSESSMENT PURPOSES ONLY, IS NOT A CONTRACT FOR LEGAL SERVICES AND DOES NOT CONSTITUTE AN AGREEMENT TO REPRESENT YOU. REPRESENTATION, IF SO DESIRED, SHALL BE PROVIDED UPON THE EXECUTION OF A FORMAL WRITTEN RETAINER AGREEMENT.

I have read and understand the above purpose of this questionnaire: _____
 (initials)

RETENTION INFORMATION

Your Name: _____

You were referred to our office by: _____

Today's Date: _____

What is the nature of the legal representation required (check all that apply):

Patents/Inventions _____
 Copyrights/Art/Literature _____
 Trademark/Company or Product names _____
 Contracts/Licensing/Business _____
 Disputes/Litigation: _____
 Other (Please specify): _____

I am interested in representation individually ____ or
 I am interested in representation on behalf of a business entity ____

Are you responding to a complaint? _____

Are you or our spouse currently represented by an attorney in this or any other legal matters?
 Yes _____ No _____

If so, please state the names, addresses, and telephone numbers of the attorneys:

Name: _____ Tel: _____

PERSONAL INFORMATION:

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ U. S. Citizen: Yes ___ No _____

Telephone Number(s): Home: _____

Cellular: _____

Facsimile: _____

Work: _____

Email: _____

Occupation: _____

Are you currently employed? Yes _____ No _____ Job Title _____

Employer Name: _____

Employer Address: _____

How long with this employer? _____

Alternate Contact Name: _____

Address: _____

Phone: _____

BUSINESS CLIENT INFORMATION ONLY: (If client is a business, please fill out this portion)

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Month and Year Business Started: _____

Business Type: _____ Sole Proprietorship _____ Partnership

_____ Limited Partnership (are you general or limited partner? _____)

_____ Corporation – State of Incorporation: _____

_____ LLC – Member/Manager Managed? _____

Is this a Florida Registered Business Entity: Yes: _____ No: _____

Registered Agent: _____

Telephone Number(s): Office: _____

Cellular: _____

Pager: _____

Facsimile: _____

Email: _____

Website: _____

What is the nature of the business conducted: _____

MATTER INFORMATION:

Please state generally, the name of your current legal matter, which may help us in your representation: (You may use attachments)

INFORMATION KNOWN ABOUT ADVERSE PARTIES (IF APPLICABLE):

Full Name: _____

Address: _____

Other information:

INFORMATION KNOWN ABOUT THIRD PARTIES (IF APPLICABLE):

Names, telephone numbers, and relationship of all Third Parties (including co-inventors, co-authors, partners, employers, etc.) with knowledge of the matter (if necessary):

Attestation

I understand that this questionnaire is **NOT** a contract for legal services. All information provided herein shall be kept strictly confidential and used only by the attorneys and associated personnel of the firm and/or provided to the court as required in the representation of my legal matter. All the information provided is done so to the best of my recollection and have not knowingly made any false statements.

I have read and understand the above:

Affiant's Signature

Date

Please return to: Christine Q. McLeod