

Prospective Client Questionnaire - Individual

Name: _____

Home Address: _____

Mailing Address(if different): _____

Email Address: _____

Cell and/or Home Phone: _____

Name of Employer: _____ Occupation: _____

Employer address: _____

Employer phone: _____

How do you prefer to be contacted: _____

Spouse's name: _____

Opposing party name and address: _____

Name of associated and/or related parties: _____

Name of current opposing counsel: _____

Address: _____

Please state briefly the nature of the problem you wish to discuss with this office.

Please check type of legal category that applies:

Aboriginal: _____ Contract Law: _____ Criminal: _____ Employment : _____

Litigation: _____ Estates or wills: _____ Traffic ticket: _____ Corporate: _____ Other: _____

Have you or any member of your family been seen by anyone in this office? Yes No (Circle One)

If yes, state person's name and nature of the legal matter with which he/she assisted.

Were you referred? Yes No (Circle One) If yes, how were you referred:

Phone: _____ Advertising: _____ Former client: _____ Other lawyer: _____

For prospective client to sign: "I understand that no legal relationship was created by my visit because my case was not accepted by this office."

Signature: _____ Date: _____

For Office Use Only:

Initial Interview Date: _____

Type of Case: _____

Initial Interview By: _____

Case Assigned to: _____

Client referred by: _____

Nonengagement: _____

Office File no.: _____

Court file no.: _____

Deadlines: _____

Conflicts check: _____

Notes: _____
