

Prospective Client Questionnaire - Organization

Organization Name: _____

Business Address: _____

Mailing Address(if different): _____

Incorporation or Business Identification Number: _____

Individual Authorized to Instruct Counsel

Name : _____

Position: _____

Email Address: _____

Business Phone: _____ Cell Phone: _____

Additional Authorized Contacts & Position: _____

Opposing party name and address: _____

Name of associated and/or related parties: _____

Name of current opposing counsel: _____

Contact Information: _____

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: _____

Has your Organization been assisted by anyone in this office previously? 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 as at this date."

Signature: _____ Date: _____

For Office Use Only:

Initial Interview Date: _____
Initial Interview By: _____
Client referred by: _____
Office File no.: _____
Deadlines: _____
Copies of ID : _____

Type of Case: _____
Case Assigned to: _____
Non-engagement: _____
Court file no.: _____
Conflicts check: _____

Notes: _____

