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Dear Sir/Madam,

Thank you for considering the legal services of Larsen, Edlund, and Ernest, PC. Please fill out this form as accurately as possible so that we can determine if, and how, we may assist you.

While we value all of our prospective clients, there are certain matters that we are unable to assist with. For example, we would not be able to act in cases where:

- there is a conflict of interest
- the legal problem involves an area of law that we do not practice
- the legal problem is situated in a jurisdiction that we do not practice in

To ensure that we are the right firm for you, please return the completed form to our office by post, email, or fax. We endeavor to contact you within 2 days of receiving your form.

**CLIENT CONTACT INFORMATION**

Full legal name:

- First name :
- Middle Name :
- Last name :

Other names that you are known by:

D.O.B. (dd/mm/yyyy):

Social Security Number:

Address:

- Address Line 1 :
- Address Line 2 :
- City :
- State :
- Zip code :
- Country:

Phone number:

- Home:
- Office:
- Cell :

Email:

Do you have legal insurance:

Case Number:

Member Number:

Does the matter involve your business?

- Business name:
- Name and position of any office contact person(s):
- Company address:
  - Street :
  - Unit/Suite/Apt :
  - Street Name :
  - City :
  - State :
  - Zip code :
- Company phone number:
- Company fax number:
- Company email address:

#### **MATTER DESCRIPTION**

**Issue.** What would you like legal assistance with? For example: drafting a will, defending criminal charges, divorcing a spouse, incorporating a company, selling or buying a home, selling your business, or suing someone.

**Description.** Describe the events that have led you to seek legal assistance. Please include: (a) the dates, times, and descriptions of all relevant events, (b) names and contact information of any potential witnesses, and (c) names and contact information of any professionals that have been involved (e.g.: police officers, insurance company employees, doctors, or lawyers).

**STAGE OF MATTER**

**Prior Counsel.** Have any other lawyers acted for you on this matter? Please provide their names and contact information.

- Business name:
- Name and position of any office contact person(s):
- Company address:
  - Unit/Suite/Apt :
  - Street Name :
  - City :
  - State :
  - Zip code :
- Company phone number:
- Company fax number:

Company email address:

**Past Appearances.** Have you ever attended court, board, tribunal, or mediation appearance(s) for this matter? If so, what happened?

**Next Appearance.** What is the date, time, and location of your next appearance?

Date :

Time :

Location :

## **RELATED PARTIES**

**Parties.** Please provide the names and contact information for any parties that are related to your matter. For example: the person you want to sue, the person who is suing you, co-accuseds, or the spouse you wish to divorce.

- Business name:
- Name and position of any office contact person(s):
- Company address:
  - Unit/Suite/Apt :
  - Street Name :
  - City :
  - State :
  - Zip code :
- Company phone number:
- Company fax number:

Company email address: