



CLIENT INTAKE FORM

Initial Consultation: 15 Mins @ \$59 30 Mins @ \$99 1 Hour @ \$149 Other: _____

Client Type: Individual LLC Corporation Partnership Non-Profit Other: _____

Full Name(s): _____

Complete Address: _____

SSN/FEIN: _____ D.O.B./Business Formation Date: _____

Responsible Party: _____ Title: _____

Main Phone: _____ Alt Phone: _____

Email: _____ Alt Email: _____

Briefly describe the type of legal matter(s) you need assistance with and summarize the details:

Matter Type: Administrative Business Criminal Domestic Entertainment Firearms

Matter Details: _____

Signature Date Signature Date

This Client Intake Form serves to gather information needed for your initial consultation. The purpose of the initial consultation is for our Attorney(s) to advise you on what, if anything, may be done for you and what the minimum fee would be for full representation. The purpose is not to render definitive legal opinions as it may not be possible to fully assess a matter within the time frame allotted and limited by the information or documents immediately available. At the conclusion of the consultation, we may mutually agree to terms of representation and sign an agreement to that effect or either one of us may decide to we may decide to decline representation in which case we require you to sign this waiver either of us may decline representation. RETURN CLIENT INTAKE FORM BY EMAIL TO HELP@iILAWFIRM.COM OR FAX TO (720) 749 1446.