

Westmont Law Offices, S.C.

Intake Questionnaire

Please fill out as much as you can.

Everything you write is confidential and protected by the attorney-client privilege.

Date: _____

Name: _____

Address: _____

Telephone Number: _____

Employer: _____

Business Address: _____

Business Telephone: _____

Can you be contacted at work? Yes No

Fax: _____

Did anyone refer you? Yes No

If so, who? _____

If not, how did you decided to contact this office? _____

Subject matter: Why are you seeking legal advice? _____

Have you seen another attorney? Yes No

If so, who? _____

What final result(s) are you looking for? _____
