

## Richard S. Alembik, PC — Initial Client Intake Form— Non-Specific Matters

ALL COMMUNICATIONS WITH THIS OFFICE ARE CONFIDENTIAL AND PROTECTED BY THE ATTORNEY-CLIENT PRIVILEGE, REGARDLESS OF WHETHER YOU ARE AN EXISTING CLIENT OR A PROSPECTIVE CLIENT. IN ORDER TO PRESERVE THIS PRIVILEGE PLEASE DO NOT DISCLOSE THE SUBJECT MATTER OF YOUR CONVERSATIONS WITH ANY EMPLOYEE OF THIS OFFICE TO ANY OTHER PERSON. EVEN THOUGH THE ATTORNEY-CLIENT PRIVILEGE APPLIES TO INITIAL CLIENT CONSULTATIONS, AND WE MAY PROVIDE YOU WITH SOME GENERAL LEGAL ADVICE, WE CANNOT REPRESENT YOU IN CONNECTION WITH ANY LEGAL MATTER WITHOUT FIRST ENTERING INTO A WRITTEN ATTORNEY-CLIENT EMPLOYMENT AGREEMENT SPECIFYING THE TERMS AND SCOPE OF OUR ENGAGEMENT. ADDITIONAL CONTINGENCIES MAY APPLY.

Prospective client's name	Name of prospective client's representative (for corporate clients)
<input type="checkbox"/> Daytime telephone and extension (Indicate any restrictions.)	<input type="checkbox"/> Evening telephone and extension (Indicate any restrictions.)
<input type="checkbox"/> Cell phone (Indicate any restrictions.)	<input type="checkbox"/> e-mail address(es) (Indicate any restrictions.)
<input type="checkbox"/> Facsimile (Indicate any restrictions.)	Additional information
Mailing Address (Indicate any restrictions.)	Physical Address (Indicate any restrictions.)

Please indicate at which number and/or e-mail address you prefer to be contacted by checking the box next to that item(s).

How do you prefer to receive correspondence from us?  e-mail,  post office mail,  facsimile.

	Yes	No	[for office use]
Are you currently in bankruptcy, or do you contemplate filing for bankruptcy protection?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you under eighteen years of age, or have you ever had a guardian appointed for you?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you seen or spoken with another attorney about this matter?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you aware of a pending deadline regarding this matter?	<input type="checkbox"/>	<input type="checkbox"/>	
On what date do you feel your claim (if any) may have arisen?	_____, 19/20_____		

What is/are the name(s) of the party/ies with whom you are negotiating or with whom you may have a dispute?:

\_\_\_\_\_