



INTAKE QUESTIONNAIRE

Plaintiff

Person or Business name of entity who is suing. If more than 1 Plaintiff, please feel out additional Questionnaire Plaintiff portion only.

Address

Email

Phone Number

Amount in which you are suing or attempting to collect:

Why does the defendant owe the Plaintiff money?

When did this happen? If no specific date, please provide a date range.

Defendant

Person or Business name of entity being sued or Indemnified. If more than 1 defendant, please feel out additional questionnaire defendant portion only. If the defendant is a corporation, limited liability company or public entity, list the person or agent authorized for service of process.

Address

Email

Phone Number

Is the defendant in the Military? Yes No Not sure

Any additional Addresses?

I understand and agree that all information listed here is accurate to the best of my knowledge and was provided willingly to process my case.

FULL LEGAL NAME

SIGNATURE

DATE