# Potential New Client

# Information Sheet

# *Business Matter*

# *General Counsel on Call*

# \*\*\*\* CONFIDENTIAL IINFORMATION\*\*\*\*

Please fill out this questionnaire and return it to me as soon as possible. You may email the completed information sheet to Brett Christiansen or Erica Jordan ([brett@chrislawoffice.com](mailto:brett@chrislawoffice.com)) ([erica@chrislawoffice.com](mailto:erica@chrislawoffice.com)). It is important that you answer each question fully. It is imperative that you be candid! **If at all possible, please provide the completed information sheet BEFORE your scheduled consultation.**

You should answer all questions relevant to your case. If a question does not apply to your particular situation, please indicate by marking the question "N/A." If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet. Refer to the question number to which your answer applies and attach your answer to this questionnaire.

Your responses to these questions will help to organize your case and will save you money on attorney's fees in trying to gather and assemble information after the case is in progress. Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege.

# NOTICE OF CONFIDENTIALITY

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY- CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF EVIDENCE.

THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT, ARE CONFIDENTIAL AND ARE NOT TO BE DISCLOSED TO THIRD PERSONS OTHER THAN THOSE TO WHOM DISCLOSURE IS MADE IN FURTHERANCE OF THE RENDITION OF PROFESSIONAL LEGAL SERVICE.

INITIAL CLIENT QUESTIONNAIRE Page 1

**Privacy Policy Regarding EIN, TaxID, Social Security Numbers:** Employer Identification Numbers, Tax Identification Numbers and Social Security numbers will be divulged only when necessary during the course and within the scope of our employment. The firm collects them from various sources, including income tax returns as well as the Client. They are used to identify parties for a number of purposes, including reports filed with the State of Texas. Only employees of the firm who have a need to know will have access to this personal information. Every step is taken to protect the client's privacy. This information is kept secure within the office of the firm in file folders and file drawers, until the file information is retired and the file is removed to a locked, off-site storage facility. Client information will eventually be shredded.

# Information Requested

**About you:**

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ eMail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Role /Relationship with the Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**About The Company:**

[ ] Existing [ ]To Be Formed (Please Check One)

1. Please give the following information.

Name of Company:

Formation Date: State of Formation:

EIN / TaxID:

Registered in Other States:

Taxed as a [ ] Disregarded Entity (single member LLC) [ ] Pass through

[ ] Corporation

Is the entity in Good Standing [ ] Yes [ ] No

Are the Company records current and in compliance with applicable state and federal laws? [ ] Yes [ ] No

1. **Company’s Main Address**

Address:

City:

County:

State:

Zip: phone:

Other Locations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Stakeholders:**

Does your company have shareholders/members? [ ] Yes [ ] No

If you are a LLC, PLLC or Series LLC:

What is your Ownership %’s

Is this the same as your distribution %

Do you have an Operating Agreement

Do you have a Buy Sell Agreement

If you are a Corporation, Professional Corporation, S Corporation:

Do you have a current stock ledger

Do you have Bylaws and Corporate Records

Do you issue stock certificates

Do you have restrictions on your stock certificates

If you are a Partnership, Limited Partnership:

DO you have a written partnership agreement?

1. At what address do you wish to receive mail from this office?

INITIAL CLIENT QUESTIONNAIRE Page 2

1. How do you prefer that we contact you?

Address:

Phone: Fax: Mobile: E-mail:

(e-mail communications may not be confidential)

1. Who referred you to this office?
2. **Corporate Counsel and Risk Management Resources:**

Have you consulted or retained any other attorneys on this matter before coming to this office?

Is so, please state who and when:

1. Does the Company have a person or department responsible for handling its legal affairs and risk management? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, please provide information regarding the resource \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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