



Christiansen PLLC
7310 Seawall Blvd. STE#602
Galveston, TX 77551
O 409.228.0965
www.ChrisLawOffice.com

POTENTIAL NEW CLIENT INFORMATION SHEET

BUSINESS MATTER
General Counsel on Call

**** **CONFIDENTIAL INFORMATION** ****

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) (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.

Attorney/Client-Privileged Information

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: _____

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

Attorney/Client-Privileged Information

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

2. Company's Main Address

Address: _____

City: _____ County: _____ State: _____

Zip: _____ phone: _____

Other Locations: _____

3. 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?

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

5. How do you prefer that we contact you?

Address: _____

Phone: _____ Fax: _____ Mobile: _____ E-mail: _____

(e-mail communications may not be confidential)

6. Who referred you to this office? _____

7. **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: _____

8. 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 _____
