

# Robles Law, P.A.

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## CLIENT INFORMATION FORM

INSTRUCTIONS: Answer all questions truthfully and completely. The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf, or unless otherwise required by law.

Date: \_\_\_\_\_

### CLIENT INFORMATION

Your Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Facsimile No: \_\_\_\_\_

Cell Phone No: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Soc. Sec. No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Other names you have been known by: \_\_\_\_\_

Nature of matter / reason for seeking consultation with our office: \_\_\_\_\_

\_\_\_\_\_

Your position/status with entity (for example, President, shareholder, member, etc.): \_\_\_\_\_

\_\_\_\_\_

How did you hear about our office: \_\_\_\_\_

What kind of business are you planning on opening: \_\_\_\_\_

\_\_\_\_\_

Location: \_\_\_\_\_

What type of entity (Corporation/Limited Liability Company/Partnership): \_\_\_\_\_

Time Frame looking to begin: \_\_\_\_\_

Potential names in order of preference:

\_\_\_\_\_  
\_\_\_\_\_

**CPA or TAX ADVISOR**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Facsimile No: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**OTHER BUSINESS PARTICIPANTS**

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Facsimile No:** \_\_\_\_\_  
**E-mail Address:** \_\_\_\_\_  
**Relation of this person to you:** \_\_\_\_\_  
**Soc. Sec. No:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Driver's License No.:** \_\_\_\_\_ **State of Issuance:** \_\_\_\_\_

Is this person represented by an ATTORNEY in this matter? \_\_\_\_\_ Yes \_\_\_\_\_ No

**If YES, please answer the questions below:**

*Name of Attorney/Firm:* \_\_\_\_\_

*City where office located:* \_\_\_\_\_ *Phone:* \_\_\_\_\_

*Indicate if this attorney has:*

*Ever provided advice or other services to you?* \_\_\_\_\_ Yes \_\_\_\_\_ No

*Talked with you in person or by telephone?* \_\_\_\_\_ Yes \_\_\_\_\_ No

*Sent a letter or other written communication to you?* \_\_\_\_\_ Yes \_\_\_\_\_ No

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Facsimile No:** \_\_\_\_\_  
**E-mail Address:** \_\_\_\_\_  
**Relation of this person to you:** \_\_\_\_\_  
**Soc. Sec. No:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Driver's License No.:** \_\_\_\_\_ **State of Issuance:** \_\_\_\_\_

Is this person represented by an ATTORNEY in this matter? \_\_\_\_\_ Yes \_\_\_\_\_ No

**If YES, please answer the questions below:**

*Name of Attorney/Firm:* \_\_\_\_\_

*City where office located:* \_\_\_\_\_ *Phone:* \_\_\_\_\_

*Indicate if this attorney has:*

*Ever provided advice or other services to you?* \_\_\_\_\_ Yes \_\_\_\_\_ No

*Talked with you in person or by telephone?* \_\_\_\_\_ Yes \_\_\_\_\_ No

*Sent a letter or other written communication to you?* \_\_\_\_\_ Yes \_\_\_\_\_ No