

LAW OFFICE

INTAKE SHEET

BUSINESS ENTITY / CORPORATE / DISSOLUTION

Date: _____ Referred By: _____

Prospect Name: _____

Street: _____

City/State/Zip: _____

Prospect Home Phone: _____

Prospect Work Phone: _____

Prospect Cell Phone: _____

Prospect E-Mail: _____

Name of Business: _____

Address of business: _____

How long have you had your business? _____

Please provide a description of your business:

Are you incorporated? Yes No

If not, are you looking to get incorporated? Yes No

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Does the business have employees? Yes No

Does the business plan on having any employees within the next 12 months?
Yes No

Please list the name and association of each person who has an ownership interest in the business:

What is the contribution of each owner? _____

How many directors does the business have? _____

Name of the Agent for Service: _____

Address for Agent for Service: _____

Phone number for Agent for Service: _____

Does the business plan on having any outside investors within the next 2 years?
 Yes No

If so, please describe:

Please describe any other detail about your business that tells us the reason for your visit:

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CORPORATE DISSOLUTION (Only if applicable):

If you are incorporated, are you looking to dissolve? Yes No

Have the books been regularly maintained? Yes No

**** PLEASE PROVIDE A SEPARATE LIST OF ASSETS AND THEIR VALUES.**

**** PLEASE PROVIDE A SEPARATE LIST OF ALL DEBTS INCLUDING CREDITOR NAME, ADDRESS, PHONE NUMBER, AMOUNT OF DEBT AND IF THEY ARE SECURED OR UNSECURED DEBTS.**

OFFICE USE ONLY	
Retainer:	<input type="checkbox"/> H <input type="checkbox"/> C <input type="checkbox"/> C7 <input type="checkbox"/> C13 <input type="checkbox"/> CR <input type="checkbox"/> EP <input type="checkbox"/> FF <input type="checkbox"/> WC <input type="checkbox"/> Other _____ <input type="checkbox"/> PPL
Case Information Sheet:	<input type="checkbox"/> BK <input type="checkbox"/> BK LIT <input type="checkbox"/> CIV LIT <input type="checkbox"/> EP <input type="checkbox"/> EMP <input type="checkbox"/> WC <input type="checkbox"/> PI-GEN <input type="checkbox"/> PI-MV
Other Forms:	<input type="checkbox"/> CIS <input type="checkbox"/> COI <input type="checkbox"/> CA <input type="checkbox"/> NCA
<input type="checkbox"/> 523 Issues:	_____ <input type="checkbox"/> Delay in Filing: _____ BE Name: _____
<input type="checkbox"/> Key Issues:	_____
SOL:	Misc Deadlines: _____