



Date: _____

Client Name: _____

CORPORATION INFORMATION

CLIENT QUESTIONNAIRE:

Please begin filling out this questionnaire. It is important that you answer each question fully.

You should answer all questions relevant to you. If a question does not apply, 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

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FOR OFFICE USE:

Ret: _____ Type: STD | CLC | PPL | ZNE

OL: WTA | LBR | JAY | LC | JJM | EMB | DJS | TPM | JLG | GH | MBC | MC

RL: WTA | LBR | JAY | LC | JJM | EMB | DJS | TPM | JLG | GH | MBC | MC



ABOUT YOU:

1. Please give your *full* name, date and place of birth, and Social Security number.

Full legal name: _____

Birth date: _____ City and State where born: _____

Social Security number: _____

Driver's license number: _____

2. Please provide your contact information.

Address: _____

City: _____

State: _____ Zip: _____ County: _____

Cell phone: _____

Home phone (if different from above): _____

Email: _____

3. How do you prefer that we contact you?

Mail Phone Email

4. How were you referred to our office?

Personal referral by _____ to _____

Church referral from _____ to _____

Internet:

- Google
- Law.com
- Find Law
- Super Lawyers
- Avvo

Newspaper/Magazine:

- Dallas Morning News
- Plano Profile
- Frisco Style
- Dallas Business Journal
- D-magazine/D-CEO

Radio:

- 94.9 KLTU
- 100.7 KWRD
- 660 KSKY

Yellow Pages:

- AT&T Yellow Pages
- Your town Yellow Pages

Other:

- Previous client
- Prepaid Legal or CLC

Other: _____

ABOUT YOUR BUSINESS:

5. Please provide the preferred name(s) of the business: _____

6. **What is the nature and purpose of the business enterprise?** _____

7. **Please provide the business' contact information.**

Address: _____
City: _____
State: _____ Zip: _____ County: _____
Business phone: _____
Email: _____

8. **Registered agent:** _____

9. **Please provide the name and address of the company's CPA.**

Name: _____
Address: _____
City: _____
State: _____ Zip: _____ County: _____
Phone: _____
Email: _____

10. **Please check one:**

Member managed Manager managed

11. **Please provide the names and addresses of Initial Officers and Directors. (One individual may hold multiple offices)**

President name: _____
Address: _____
City: _____



State: _____ Zip: _____ County: _____

Vice President name: _____

Address: _____

City: _____

State: _____ Zip: _____ County: _____

Secretary name: _____

Address: _____

City: _____

State: _____ Zip: _____ County: _____

Treasurer name: _____

Address: _____

City: _____

State: _____ Zip: _____ County: _____

Director name: _____

Address: _____

City: _____

State: _____ Zip: _____ County: _____

Director name: _____

Address: _____

City: _____

State: _____ Zip: _____ County: _____

Director name: _____

Address: _____

City: _____

State: _____ Zip: _____ County: _____

Director name: _____

Address: _____

City: _____

State: _____ Zip: _____ County: _____