



The Law Office of Mario Flores, PLLC

1007 E. 7th Street
Austin, TX 78702

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W: 512-582-2728
F: 512.318.2472

GENERAL AND BUSINESS INTAKE 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. **NOTE: AN ATTORNEY-CLIENT RELATIONSHIP IS NOT CREATED UNTIL AN ENGAGEMENT AGREEMENT IS SIGNED BY ALL PARTIES.**

Date: _____

POTENTIAL CLIENT INFORMATION:

Your Name: _____

Home Address: _____

City: _____ State: _____ ZIP Code: _____

County of Residence: _____ You have lived at current address since: _____

Home Phone: _____ Home Facsimile No.: _____

Cell Phone No.: _____ Pager/Beeper No.: _____

E-mail Address: _____

Soc. Sec. No.: _____ Driver's License No.: _____

Date of Birth: _____ State/Country of Birth: _____

Other names you have been known by: _____

EMPLOYER: _____

Work Address: _____

City: _____ State: _____ ZIP Code: _____

Work Phone: _____ Work Facsimile No.: _____

Work E-mail Address: _____

How long have you worked at this employer? _____

Position: _____ Salary/Earnings: \$ _____

Name of Emergency Contact, and Relation to You: _____

Home Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Work No.: _____

Nature of case / reason for seeking consultation with our office:

How did you hear about our office? _____



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YOUR COMPANY INFORMATION

1. Are you a Texas recognized business entity? _____
2. Do you recognize you may be held individually liable for any breaches or misrepresentation you make when contracting with another party? _____
3. Do you have a succession plan for your business? _____
4. Do you have a will or estate plan to protect your long term personal assets? _____
5. Would you like our office to provide you additional information regarding the estate planning process? _____

OTHER COMPANY (your future client) INFORMATION

Name: _____
 Address: _____
 City: _____ State: _____ ZIP Code: _____
 Point of Contact (person with authority): _____

Scope of work to be performed: _____

TERMS:

What services are to be performed? _____

When (days of services to be delivered)? _____

How Often? _____

Where are services to be performed? _____

What is the expected payment? _____

How often will payment be delivered? _____

What other expectations to do you have? _____

What expectations does your client have? _____

Additional Information/Facts: _____

Is other party represented by an ATTORNEY in this matter? _____ YES _____ NO

If YES, please answer the questions below:

Name of Attorney/Firm: _____

City where office is located: _____ Phone: _____