

PROSPECTIVE CLIENT INTAKE FORM

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PROSPECTIVE CLIENT INFORMATION

Fill this form out only when asked to by us.

Please type or fill out the information requested as legibly as possible. This form is provided in order for our firm to obtain basic information necessary to assess your current legal matter and check for conflicts of interest. All information provided shall remain strictly confidential regardless of our providing representation to you or not.

This form is for informational and assessment purposes only, is not a contract for legal services and does not constitute an agreement to represent you. Representation, if so desired, shall be provided upon the execution of a formal written client agreement.

RETENTION INFORMATION

Your Full Name (first name, middle name, family name) :

You were referred to our office by:

Today's Date: _____

What is the nature of the legal representation required (check all that apply):

- Patents/Inventions _____
- Copyrights/Literature _____
- Trademark/Company or Product names _____
- Contracts/Licensing/Business _____
- Disputes/Litigation: _____
- Other (Please specify): _____

I am interested in representation individually ____ y/n

I am interested in representation with another individual ____ y/n –

If yes, Who is the other party (parties) _____

I am interested in representation on behalf of a business entity __y/n __

Are you responding to a complaint?

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Are you or our spouse or company currently represented by an attorney in this or any other legal matters (e.g., business deals, litigation) ?

Yes _____ No _____

If so, please state the names, addresses, and telephone numbers of the attorneys:

Name: _____ Tel: _____

PERSONAL INFORMATION:

Full Name (first name, middle name, family name) :

Address:

Address:

City, State, Zip: Country

U. S. Citizen: Yes/No

Telephone Number(s): Home:

Cellular:

Facsimile:

Work:

Email:

Occupation:

Are you currently employed? __ Yes ____ No. __ Job Title: _____

Employer Name:

Employer Address:

How long with this employer?

Alternate Contact Name:

Address:

Phone:

BUSINESS CLIENT INFORMATION ONLY: (If client is a business, please fill out this portion)

Business Name:

Address:

City: State: Zip:

County:

Month and Year Business Started:

Business Type:

____ Sole Proprietorship ____ Partnership

____ Limited Partnership (are you general or limited partner? _____)

____ Corporation – Country or State of Incorporation: _____

____ LLC – Member/Manager Managed? _____

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What role/job to you have with this business entity (reason why to you represent this business? (such as: owner, partner, CEO, etc)) _____

Telephone Number(s): Office:

Cellular:

Fax :

Email:

Website:

What is the nature of the business conducted:

Names of other partners/ officers in your business entity _____

MATTER INFORMATION:

Please state generally, the name of your current legal matter, which may help us in your representation: (You may use attachments) – Please do not submit any confidential info.

INFORMATION KNOWN ABOUT ADVERSE PARTIES (IF APPLICABLE):

Full Name:

Address:

Other information: _____

INFORMATION KNOWN ABOUT THIRD PARTIES (IF APPLICABLE):

Names, telephone numbers, and relationship of all Third Parties (including co-inventors, coauthors, partners, employers, etc.) with knowledge of the matter (if necessary):

Attestation

I understand that this questionnaire is **NOT** a contract for legal services. All information provided herein shall be kept strictly confidential and used only by the attorneys and associated personnel of the firm and/or provided to the court as required in the representation of my legal matter. All the information provided is done so to the best of my recollection and have not knowingly made any false statements. I have read and understand the above:

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Affiant's Signature or e-sign (type) /s/ _____ Date: _____
2nd Affiant's Signature or e-sign (type) /s/ _____ Date: _____