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Potential Client Intake Form--do not send until you have spoken to us.

Name of potential client, physical street address, city ST and zip:		
Mailing address of potential client (if different from above)		Today's date:
Daytime telephone	Evening Telephone	Fax
Cellular / Pager	Email address	Special instructions for contacting you?
Nature of problem or objective (summary):		
If applicable, name of opposing party		If applicable, date problem occurred:
How did you hear about our firm? (www, phone book, newspaper, referral, etc.)? Please specify.		
<i>(Individuals Only)</i>		
Date of Birth:	Marital status:	Spouse / SO name:
Social Security Number:	Driver's license (ST - #)	Citizenship status?
Have you ever been convicted of a felony or a Class B misdemeanor or higher? (if so, please list name & date of offense)		
<i>(Companies Only)</i>		
EIN / Tax ID	State or country of formation?	(Out of state companies only) Does this entity have a Texas Certificate of Authority? yes no
Contact person's name	Contact person's position	

Please return the completed form via fax or mail. DO NOT EMAIL THIS FORM