



Client Intake Form

Information Request for Initial Consultation

Personal Information

Full Legal Name

Date of Birth

Address

Phone Number

Email Address

Preferred Method of Contact

Business/Organization Information (if applicable)

Business/Organization Name

Entity Type

Date of Formation

State of Incorporation/Formation

Primary Industry/Operations

Number of Employees

Key Stakeholders/Board Members

Legal Matter Overview

Briefly describe the reason for seeking legal c

Have you worked with an attorney on this ma

What is your desired outcome or resolution?

Are there any deadlines or urgent issues we s

Litigation-Specific Information (if applicable)

Are you currently involved in a lawsuit?	
Court/Case Information	
Opposing Party/Parties	
Have you been served with legal documents?	
Key dates (filings, hearings, deadlines)	
Relevant documents available	

Additional Information

How did you hear about Shkoukani LLP?

Have you or your business worked with us before?

Is there anything else you would like us to know?