

New Client Questionnaire

Personal Information	
Full Name	
Birth Date	
Social Security Number	
Drivers Licence Number	
Home Address	
City, State, Zip	
Home Phone	
Home Fax	
Car Phone	
Mobile Phone	
Cottage / Other Phone	
Pager	
Home E-mail	
Work (Primary) Name	
Work Address	
City, State, Zip	
Type of Business	
Job Title	
Work Phone (ext)	
Direct Dial (or work mobile)	
Assistant Name and Phone	
Work Fax	
Work E-mail	
Work Web Page	
Work (Second) Name	
Work Address	
City, State, Zip	
Type of Business	
Job Title	
Work Phone (ext)	
Direct Dial (or work mobile)	
Assistant Name and Phone	
Work Fax	
Work E-mail	
Work Web Page	

HOME
INFO.

WORK
INFO.
Attach Bus.
Card if
available

WORK
Second
INFO.

OTHER
Contact
INFO.

Other Name	
Other Address	
City, State, Zip	
Type of Business	
Job Title	
Phone (ext)	
Direct Dial (or mobile)	
Assistant Name and Phone	
Fax	
E-mail	
Web Page	
<hr/>	
It is best to contact me at:	<input type="checkbox"/> Home <input type="checkbox"/> Work – Primary ___ - Second ___ <input type="checkbox"/> Other
Send my bills to:	<input type="checkbox"/> Home <input type="checkbox"/> Work – Primary ___ - Second ___ <input type="checkbox"/> Other
How did you hear about my services?	
I check my e-mail daily:	If yes where? Home <input type="checkbox"/> Work <input type="checkbox"/>

NOTES:

OFFICE USE ONLY

FULL MATTER DESCRIPTION: _____

SHORT FILE NAME: _____ ¹

CLIENT: _____ ²

MATTER: _____ ³

FILE TYPE: Agency/Employment__ ; Civil Litigation__ ; Corporate/Commercial__ ; Criminal__ ; Environmental__ ; Family Law__ ; Insolvency__ ; Intellectual Property__ ; International__ ; PI__ ; Probate__ ; Municipal__ ; Real Estate__ ; Research__ ; Taxation__ ; Estate Planning__ ; Professional Development__ ; Firm Administration__ ; Client Dev__ ; Personal__ ; Other..._____

BILLING CATEGORY: Billable__ ; Non-Billable__ Reason? _____

QUOTE: Contingency _____ Flat fee _____ ⁴ Hourly _____ Retainer: _____
Alert: _____ hours
Estimate Req.? _____ ⁵

BUSINESS TYPE: Accommodation/Food/Beverages__ ; Accounting__ ; Agriculture__ ; Amusement & Recreation__ ; Banks & Financial Institutions__ ; Communications__ ; Computers__ ; Construction__ ; Consulting__ ; Education__ ; Electronics__ ; Financial Brokers & Exchanges__ ; Fishing__ ; Government Federal__ ; Government State__ ; Government Local__ ; Health & Social Services__ ; Insurance__ ; Investments__ ; Legal__ ; Logging and Forestry__ ; Manufacturing__ ; Mining__ ; Oil & Gas__ ; Personal/Individual__ ; Real Estate__ ; Retail__ ; Services__ ; Storage & Warehousing__ ; Transportation__ ; Utilities__ ; Wholesale__ ; Other _____

TYPE OF CLIENT: Corp__ ; Individual__ ;

NOTES & TO DO's: [See Attached Page(s) ____]

¹ Est. [Full Name]; G.C. [Year].

² First Initial. Last Name ; if corporate: Business Name w/o entity type; (limit to 30 characters).

³ [First Initial. Last Name] Est. [Full Name]; G.C. [Year].

⁴ Fill in notes section with services and costs for written quote.

⁵ Fill in notes section with services and costs for written estimate.