



**POHL**  
ATTORNEYS AT LAW

## BUSINESS CLIENT INTAKE FORM

File Number: \_\_\_\_\_ Date Form Completed: \_\_\_\_\_

New Client  Prior Client

Business Client: \_\_\_\_\_ FEIN: \_\_\_\_\_

dba (if applicable): \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Type of Entity (C-Corp, S-Corp, LLC, PA, PLLC, Charter, LP, LLP, GP): \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Shareholders: \_\_\_\_\_

Contact's Work Number: \_\_\_\_\_

Contact's Home Number: \_\_\_\_\_

Contact's Cell Phone Number: \_\_\_\_\_

Contact's Personal Email Address: \_\_\_\_\_

Contact's Work Email Address: \_\_\_\_\_

Accountant's Name: \_\_\_\_\_

Accountant's Work Number: \_\_\_\_\_

Accountant's Email Address: \_\_\_\_\_

Insurance Information: \_\_\_\_\_

Emergency Contact(s): (Name) (Relationship) (Telephone)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Case Name and Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Area of Law (Check one or more)

- |                                                 |                                                      |
|-------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Incorporation          | <input type="checkbox"/> Bankruptcy                  |
| <input type="checkbox"/> Contracts              | <input type="checkbox"/> Employment Issue_           |
| <input type="checkbox"/> Commercial Lease       | <input type="checkbox"/> Real Estate Finance         |
| <input type="checkbox"/> Other Business Issue   | <input type="checkbox"/> Tax Exempt/Non-Profit Issue |
| <input type="checkbox"/> Civil Litigation Issue | <input type="checkbox"/> Personal Injury             |
| <input type="checkbox"/> Collection Matter      | <input type="checkbox"/> Securities                  |
| <input type="checkbox"/> Tax Matter             | <input type="checkbox"/> Workers' Compensation       |

Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Originating Attorney: \_\_\_\_\_

Assigned Attorney(s): \_\_\_\_\_

Referred by: \_\_\_\_\_

---

*INITIAL AND DATE FOLLOWIING ITEMS WHEN COMPLETED*

Conflict Check: \_\_\_\_\_ Fee Contract: \_\_\_\_\_

Engagement Letter: \_\_\_\_\_ Docket Entered: \_\_\_\_\_

Statute of Limitations/Time Deadline: \_\_\_\_\_