

DUEL LAW | A PROFESSIONAL LIMITED LIABILITY COMPANY

213 E. OKLAHOMA AVE
GUTHRIE, OK 73044

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Prospective Client Questionnaire

Full name: _____

Email address: _____

Home address: _____

Mailing address: _____

Personal phone: _____

Website (if any): _____

Name of employer: _____

Position: _____

Work address: _____

Work phone: _____

Work email: _____

Spouses name: _____

How do you prefer to be contacted (check one): Phone _____ Text _____ Standard Mail _____ Email _____

Opposing party name: _____

Opposing party address: _____

Name of associated and/or related parties: _____

Name of current opposing counsel: _____

Please state briefly the nature of the problem you wish to discuss with this office:

Please check type of legal category that applies:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Auto Accident | <input type="checkbox"/> Family Law |
| <input type="checkbox"/> Personal Injury | <input type="checkbox"/> Lawsuit |
| <input type="checkbox"/> Criminal Issue | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Estate Planning or Wills | <input type="checkbox"/> Other |

Have you or any member of your family been seen by anyone in this office?

Yes: _____ or No: _____

How were you referred to this office?

- | | |
|--|---|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Bar Referral |
| <input type="checkbox"/> Former Client | <input type="checkbox"/> Court Assignment |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Other Lawyer |
| <input type="checkbox"/> Website | <input type="checkbox"/> Other |

TO BE SIGNED ONLY IF REPRESENTATION IS DECLINED:

"I understand that no legal relationship was created by my visit because representation was declined."

Signature: _____ Date: _____

