

PROSPECTIVE CLIENT INTAKE FORM

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PROSPECTIVE CLIENT INFORMATION

Please type or fill out the information requested as legibly as possible. This form is provided in order for our firm to obtain basic information necessary to assess your current legal matter and check for conflicts of interest. All information provided shall remain strictly confidential regardless of our providing representation to you or not.

This form is for informational and assessment purposes only, is not a contract for legal services and does not constitute an agreement to represent you. Representation, if so desired, shall be provided upon the execution of a formal written client agreement.

RETENTION INFORMATION

Your Full Name (first name, middle name, family name):

You were referred to our office by:

Today's Date:

What is the nature of the legal representation required (check all that apply):

Patents/Inventions _____
Copyrights/Art/Literature _____
Trademark/Company or Product names _____
Other (Please specify):

I am interested in representation individually _____ or
I am interested in representation on behalf of a business entity _____

Are you responding to a complaint?

Are you or our spouse currently represented by an attorney in this or any other legal matters?
Yes _____ No _____

If so, please state the names, addresses, and telephone numbers of the attorneys:

Name: _____ Tel: _____

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PERSONAL INFORMATION:

Full Name:

Address:

City, State, Zip: Country

U. S. Citizen: Yes/No

Telephone Number(s): Home:

Cellular:

Facsimile:

Work:

Email:

Occupation:

Are you currently employed? ___ Yes ___ No. ___ Job Title: _____

Employer Name:

Employer Address:

How long with this employer?

Alternate Contact Name:

Address:

Phone:

BUSINESS CLIENT INFORMATION ONLY: (If client is a business, please fill out this portion)

Business Name:

Address:

City: State: Zip:

County:

Month and Year Business Started:

Business Type:

___ Sole Proprietorship ___ Partnership

___ Limited Partnership (are you general or limited partner? _____)

___ Corporation – State of Incorporation: _____

___ LLC – Member/Manager Managed? _____

What role/job to you have with this business entity (why to you represent this business? (such as: owner, CEO, etc) _____

Telephone Number(s): Office:

Cellular:

Fax:

Email:

Website:

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What is the nature of the business conducted:

MATTER INFORMATION:

Please state generally, the name of your current legal matter, which may help us in your representation: (You may use attachments)

INFORMATION KNOWN ABOUT ADVERSE PARTIES (IF APPLICABLE):

Full Name:

Address:

Other information: _____

INFORMATION KNOWN ABOUT THIRD PARTIES (IF APPLICABLE):

Names, telephone numbers, and relationship of all Third Parties (including co-inventors, coauthors, partners, employers, etc.) with knowledge of the matter (if necessary):

Attestation

I understand that this questionnaire is **NOT** a contract for legal services. All information provided herein shall be kept strictly confidential and used only by the attorneys and associated personnel of the firm and/or provided to the court as required in the representation of my legal matter. All the information provided is done so to the best of my recollection and have not knowingly made any false statements. I have read and understand the above:

Affiant's Signature or e-sign (type) _____ Date: _____

2nd Affiant's Signature or e-sign (type) _____ Date: _____