

TEXAS LAW FIRM
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| Potential Client Intake Form | | |
|---|---------------------------------------|---|
| Name of potential client, physical street address, city, state and zip: | | |
| Mailing address of potential client (if different from above): | | Today's date: |
| Daytime telephone: | Evening telephone: | Fax: |
| Cellular/Pager: | Email address: | Special instructions for contacting you? |
| Nature of problem or objective: | | |
| If applicable, name of opposing party: | If applicable, date problem occurred: | |
| How did you hear about our firm? (www, phone book, newspaper, referral, etc.)? Please specify: | | |
| <i>(Individuals Only)</i> | | |
| Date of Birth: | Marital status: | Spouse/ SO name: |
| Social Security Number: | Driver's License (ST - #): | Citizenship status: |
| Have you ever been convicted of a felony or a Class B misdemeanor or higher? (if so, please list name & date of offense): | | |
| <i>(Companies Only)</i> | | |
| EIN#/Tax ID: | State or country of formation: | (Out of state companies only) Does this entity have a Texas Certificate of Authority? <input type="checkbox"/> yes <input type="checkbox"/> no |
| Contact person's name: | Contact person's position: | |

Please return the completed form via fax or mail. DO NOT EMAIL THIS FORM