

**The Law Office of
HOWARD E. ENRIQUE, P.A.**
1515 N. University Drive, Suite 118
Coral Springs, Florida 33071
954-796-3870
CLIENT INTAKE FORM

Please email to howard@enriquelaw.com or fax to 954-796-3867

Please fill out the information requested as legibly as possible. This form is provided in order that our firm obtain certain information necessary to assess your current legal matter.

THIS IS NOT A CONTRACT FOR LEGAL SERVICES AND DOES NOT CONSTITUTE AN AGREEMENT TO REPRESENT YOU.

Referred by: _____

Today's Date: _____

What is the nature of the legal representation required:

Business Matter _____

Real Estate Transaction _____

Loss Mitigation _____

Other (Please specify): _____

Is current there litigation involving this matter: Y___/N___

Are you currently represented in this or any other legal matters? Yes___ No___

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

Personal Client Information

Full Name: _____

Spouse Name: _____

Current: Address: _____

City: _____ State: _____ Zip: _____

County of residence: _____ email: _____

Telephone Number(s): Home: _____ Cellular: _____

Facsimile: _____ Work: _____

Occupation: _____

If buying or selling real estate, please indicate the FULL address of the property at issue: _____

Anticipated closing date: _____

Are you the **BUYER** or **SELLER** (*Please circle one*)

If purchasing, are you obtaining bank financing YES or NO (*Please circle one*)

Is there are realtor involved, if so, please state name & telephone number:

_____ Tel: _____

Is there a mortgage company/bank/broker involved, if so, please state name & telephone number:

_____ Tel: _____

Business Client Information

Business Name: _____

Business Address: _____

Federal Employee I.D. Number: (EIN): _____

Business Telephone: _____

Business Telephone: _____

Cellular Phone/Pager: _____

Fax Number: _____

Other: _____

Business Type: _____ Sole proprietorship
_____ Partnership
_____ Limited partnership (are you general or limited partner? _____)
_____ Corporation - State of Incorporation: _____
_____ LLC – Member/Manger Managed? _____

If this is a corporation, are you the registered agent of the corporation? **YES** or **NO** (*Please circle one*)

Is this a Florida corporation **YES** or **NO** (*Please circle one*)

Please state other names or DBA's that the business works under: _____

What is the nature of the business conducted: _____

Please state others who own interest in the Business and their capacity/ownership:

Information known about the Other Party:

Full Name(s): _____

Business Name: _____

Address: _____

County: _____

Social Security Number: _____ U.S. Citizen: Yes _____ No _____

Telephone Number(s): Home: _____ Cellular: _____

Pager: _____ Facsimile: _____ Work: _____

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 I have not knowingly made any false statements.

I have read and understand the above:

Signature

Date

Please have your driver's license available for copying

ADDITIONAL INFORMATION