



Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

## **LLC INFORMATION**

### **CLIENT QUESTIONNAIRE:**

Please begin filling out this questionnaire. It is important that you answer each question fully.

You should answer all questions relevant to you. If a question does not apply, please indicate by marking the question "N/A". If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet. Refer to the question number to which your answer applies and attach your answer to this questionnaire.

Your responses to these questions will help to organize your case and will save you money on attorney's fees in trying to gather and assemble information after the case is in progress.

Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege.

### **NOTICE OF CONFIDENTIALITY**

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#### **FOR OFFICE USE:**

Ret.: \_\_\_\_\_ Type: STD | PPL | LP | H | A

OL: WTA | JAY | LC | JJM | DJS | MBR | MMP | JLG | BWC | MKM

RL: WTA | JAY | LC | JJM | DJS | MBR | MMP | JLG | BWC | MKM



**ABOUT YOU:**

- 1. Please give your *full* name, date and place of birth, and Social Security number.

Full legal name: \_\_\_\_\_  
Birth date: \_\_\_\_\_ City and State where born: \_\_\_\_\_  
Social Security number: \_\_\_\_\_  
Driver's license number: \_\_\_\_\_

- 2. Please provide your contact information.

Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Cell phone: \_\_\_\_\_  
Home phone (if different from above): \_\_\_\_\_  
Email: \_\_\_\_\_

- 3. How do you prefer that we contact you?

Mail       Phone       Email

- 4. How were you referred to our office?

Personal referral by \_\_\_\_\_ to ATTORNEY  
Church referral from \_\_\_\_\_ to ATTORNEY

- |  |  |   |  |
|--|--|---|--|
| <b>Internet:</b>                       | <b>Newspaper/Magazine:</b>                   | <b>Insurance:</b>                                   | <b>Yellow Pages:</b>                       |
| <input type="checkbox"/> Google        | <input type="checkbox"/> Dallas Morning News | <input type="checkbox"/> Prepaid Legal/Legal Shield | <input type="checkbox"/> AT&T Yellow Pages |
| <input type="checkbox"/> Law.com       | <input type="checkbox"/> Plano Profile       | <input type="checkbox"/> Hyatt Legal                | <input type="checkbox"/> Town Yellow Pages |
| <input type="checkbox"/> Find Law      | <input type="checkbox"/> Frisco Style        | <input type="checkbox"/> ARAG                       |  |
| <input type="checkbox"/> Super Lawyers | <input type="checkbox"/> McKinney/Prosper    | <input type="checkbox"/> Law Point                  | <b>Other:</b>                              |
| <input type="checkbox"/> Avvo          | <input type="checkbox"/> D Magazine/D CEO    |   | <input type="checkbox"/> Previous client   |

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

**ABOUT YOUR BUSINESS:**

- 5. Please provide the preferred name(s) of the business: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **What is the nature and purpose of the business enterprise?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. **Please provide the business' contact information.**

Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Business phone: \_\_\_\_\_  
Email: \_\_\_\_\_

8. **Registered agent:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. **Please provide the name and address of the company's CPA.**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

10. **Please check one:**

- Member managed                       Manager managed

11. **Please provide the names and addresses of Initial Managers and Members. (You do not have to have managers as the company can be manager-managed or member-managed.)**

Manager name: \_\_\_\_\_  
Address: \_\_\_\_\_



City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Manager name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Member name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Member name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Member name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_