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PROSPECTIVE CLIENT INTERVIEW

Date:	Name:			
Phone #:	E-mail address	E-mail address:		
Full Address:		City	FL Zip	
How did you find o	out about us?			
Are we the first atto	orneys you have consulted in this matte	r? Yes	No	
If no, who else did	you consult?		-	
Why are you consul	lting us today? What do you want to so	ee happen?		
Briefly, what are the	e relevant facts?			
What is the relative	urgency?			
[] Very important - [] Important Mat [] Needs to be done	nal safety or continuation of business d severe hardship, personal or financia tter interferes with business or personal e, but no immediate hardship in the inte if it was worth pursuing, but I'm not rea	l inconvenience to I financial stability erim		
	es payment to you of money you feel y will prove a hardship?	ou are owed, how	long can you wait before failure to	
How will you pay fo	for your attorney's fees in this matter?			
	For attorne	ey's use only:		
[] Will Represent Comments:	[] Will investigate and respond		ation Declined of declination required)	
Would you like to b	be added to our mailing list?Yes	No		