

Law Offices
STAVER & Anderson, P.C.

QUESTIONNAIRE

PLEASE PRINT:

DATE: _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____ WORK PH _____

E-MAIL ADDRESS _____

EMPLOYER/OWNER _____

EMPLOYER'S ADDRESS _____

OCCUPATION _____

- BUSINESS PLANNING
 - ___ CORPORATION
 - ___ S CORP
 - ___ C CORP
 - ___ L.L.C.
 - ___ PARTNERSHIP
 - ___ D.B.A.
 - ___ BUYING
 - ___ SELLING
 - ___ GOING
 - ___ START-UP
- TYPE OF BUSINESS:
 - ___ PROFESSIONAL
 - ___ HIGH TECH
 - ___ SALES

- BANKRUPTCY
- DRIVER'S LICENSE
- HEALTH CARE
- LANDLORD/TENANT
 - ___ Landlord
 - ___ Tenant
- MALPRACTICE
- PERSONAL INJURY
- LICENSING
- CIVIL
 - ___ Plaintiff
 - ___ Defendant

- ESTATE PLANNING
 - ___ WILL
 - ___ POUR-OVER-WILL
 - ___ POA
 - ___ TRUST
 - ___ PRE-NUPTIAL/
COHABITATION
- PROBATE
 - ___ CONSERVATOR
 - ___ GUARDIAN
- REAL ESTATE
 - ___ RESIDENTIAL
 - ___ COMMERCIAL
 - ___ BUY
 - ___ SELL
 - ___ LEASE
- TRAFFIC
- WORKER'S COMP

- CRIMINAL
- DEBT COLLECTION
- FAMILY LAW

PLEASE EXPLAIN YOUR LEGAL ISSUE: _____

