

CLIENT QUESTIONNAIRE

Please take a few moments to answer the following questions. This will save you and us unnecessary questions and delays in your case.

How did you hear about our law firm?

Personal details

Surname, first name _____

Street, town _____

Date of Birth _____

Phone Number _____

Cell Phone _____

Different postal address

Do you agree that we may conduct correspondence with you by electronic means, i.e. by e-mail or fax? (Please mark with a cross where applicable)

Yes by e-mail _____
In this case, please check your mailbox and spam folder regularly.

by fax _____

No

Legal expenses insurance available?

Yes

No

(Zutreffendes bitte ankreuzen)

Insurance company _____

Insurance policy number _____

Claim number, if known _____

Policyholder _____

Deductible yes EUR no

(Please mark with a cross where applicable)

Please see next page!

Bank details

Account holder _____

Banking company _____

IBAN _____

BIC _____

For entrepreneurs/traders:

Is there an entitlement to

entitlement to deduct input tax?

yes

no

(Please mark with a cross where applicable)

Details of the opponent

Name and address _____

Lawyer for the opposing party,
if applicable

To be completed by **the employees of the law firm**:

Kollisionsprüfung (Zutreffendes bitte ankreuzen)

Gegner ist/war Mandant in Sachen _____

Gegner bisher nicht bekannt

Datum/Diktatzeichen

To be completed by the **lawyer** handling the case

Streitwert: _____ EUR

Besondere Absprachen/Vereinbarungen:

Prüfung der Erfolgsaussichten

positive Erfolgsaussichten

negative Erfolgsaussichten

Bemerkungen:

Datum/Diktatzeichen