

# Law Offices of John L. Di Masi, P.A.

ATTORNEYS AT LAW

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## PROSPECTIVE CLIENT QUESTIONNAIRE

The purpose of an initial consultation is for the attorney to advise you, the *prospective* client what, if anything, may be done for you, and what the minimum fee therefor will be. *The purpose is not to render a definitive legal opinion* as it may be impossible to fully assess a matter within the time frame allotted for a consultation or with the information or documents that you may be able to provide at the initial consultation. Please forward to us a summary of your dispute, with all supporting documentation.

You will be required to pay for this initial consultation. The amount required for the initial consultation is \$250.00. (Please make your check payable to "**Law Offices of John L. Di Masi, P.A.**") Payment in advance is required prior to the initial consultation. The consultation will consist of meeting with you to discuss the documents and case. Please be advised that payment and the initial consultation do not constitute that this Law Firm has agreed to represent you and that you have agreed to retain this Law Firm (See Below).

Name \_\_\_\_\_  
Last First Middle or Maiden

Home Address \_\_\_\_\_  
Number Street City State Zip

Home Phone (\_\_\_\_) \_\_\_\_\_

Home Facsimile (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_

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

Work Phone (\_\_\_\_) \_\_\_\_\_

Work Facsimile (\_\_\_\_) \_\_\_\_\_

E-mail Address (\_\_\_\_) \_\_\_\_\_

Briefly explain what you may need advice about or assistance with:

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Are there other parties involved? (Examples: a friend, an employer, a neighbor, signor of a contract, etc. This should include people or parties on either side of your issue)

Party \_\_\_\_\_ Relationship \_\_\_\_\_

Party \_\_\_\_\_ Relationship \_\_\_\_\_

(NOTE: Please provide to us *copies* of all documents pertaining to your legal problem.

Are we the first attorneys you have consulted regarding this matter?  YES  NO

If No – Please list the attorney’s names: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Widowed  Separated

Driver’s License # \_\_\_\_\_ Social Security # \_\_\_\_\_

Are you known by any other names?  Yes  No

If yes name(s) \_\_\_\_\_

(A fictitious name, a nickname, a former name, your maiden name etc.)

How did you learn of our office? \_\_\_\_\_

**PLEASE READ CAREFULLY & Sign Below**

Following your initial interview, if you agree to retain this Law Firm, and this Law Firm agrees to represent you, we will both sign an Engagement Letter. The Engagement Letter will set forth the terms and conditions of representation.

***NOTICE:* This office does not represent you with regard to the matters set forth by you herein in this information sheet or discussed during your consultation, unless and until, both you and this Law Firm execute a written Engagement Letter.**

If this Law Firm does not agree to represent you, this includes not representing you with regard to the matter set forth by you on this information sheet, nor any other matters you may discuss with this Law Firm during your consultation. If your legal problem(s) involve a potential lawsuit, it is important that you realize a lawsuit must be filed within a certain period of time called a Statute of Limitations. Therefore, this Law Firm strongly urges you

to *immediately* consult with another attorney to protect your rights. This Law Firm's decision not to represent you should not be taken by you as an expression regarding the merits of your case.

**Your signature acknowledges only that you received a copy of this completed information sheet and does not mean you have hired this Law Firm.**

SIGNATURE \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_

SIGNATURE \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_