



**RYLANDER
& ASSOCIATES PC**

Trial & Patent Attorneys

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GENERAL INTAKE FORM

Today's Date: _____

Your Name: _____ Your Birthdate: _____

Your Soc. Sec. No.: _____ Your Occupation: _____

Your Employer: _____ Your Bank: _____

COMMUNICATIONS:

Choose the correct manner of receiving documents:

- Mailing is preferred for all documents
- Mailing is preferred for invoices only
- Mailing hard copies, with electronic copies also sent via email, is preferred for all documents
- Email electronic copies only is preferred for all documents
- Email is preferred for invoices only

Provide all correspondence addresses:

Mailing preference is home address:

_____ City: _____ State: _____ Zip: _____

Mailing preference is business address:

_____ City: _____ State: _____ Zip: _____

E-mail address: (personal) _____ (business) _____

I authorize you to e-mail documents. I assume all risks associated with the security and confidentiality of my e-mail account

Additional Special Mailing/Emailing Instructions: _____

Please provide your phone numbers, and indicate your preferred number:

Home Phone No.: _____ Cell Phone No.: _____

Business Phone No.: _____

FOR BUSINESS CLIENTS:

Client Company Name (if applicable) _____

Type of Company (corporation, partnership, LLC, etc.) _____

State of incorporation/organization _____

Client Company dba names (if any) _____

Client Contact _____

(This is the person you wish all legal correspondence to be directed to, and who has signing authority)

Billing Contact (if different from client contact) _____

Company Street Address _____ City _____ State _____ Zip _____

Company Bank: _____ Bank Branch: _____

SPOUSE

Your Marital Status: Married Separated Divorced Single Widowed

Spouse's Name: _____ Home Phone No.: _____

Spouse's Home Address: _____ City: _____ State: _____ Zip: _____

Spouse's Birthdate: _____ Spouse's Soc. Sec. No.: _____

Spouse's Occupation: _____ Spouse's Work No.: _____

Spouse's Employer: _____

Spouse's Business Address : _____ City: _____ State: _____ Zip: _____

OTHER

Other Person to Contact in Emergency: _____ Relationship: _____

That Person's Phone No.: _____

HOW DID YOU HEAR ABOUT US?

Yellow Pages Online Yellow Pages Our Website Our Blog AVVO Spoke LinkedIn USPTO

Twitter Google Yahoo Facebook

Other: _____

Referral – referred by: _____

MATTER

What is the general nature of the matter for which you are seeking an attorney? _____

Please list the full names of anyone who is, or might be on the opposing side of you in this matter; if in doubt, put the name(s) down so we may check for potential conflicts of interest: _____

DISCLAIMER

Please understand that the attorneys of Rylander & Associates PC only agree to engagement on a case-by-case basis. All engagements are the subject of a written engagement agreement setting forth, among other things, the scope of representation. Until such a written engagement agreement is entered into, no engagement exists. Nevertheless, even if we do not ultimately agree to represent you, any material provided will be treated as confidential pursuant to the ethical rules governing attorneys. We have attorneys licensed in Oregon, Washington and Washington DC. We have patent attorneys registered with the U.S. Patent & Trademark Office. We do not give tax or securities advice.