## **Small Business Legal Consultation Intake Form**

| Full Name                                      |         |
|------------------------------------------------|---------|
|                                                |         |
| Business Name                                  |         |
|                                                |         |
| Email Address                                  |         |
|                                                |         |
| Phone Number                                   |         |
|                                                |         |
| Type of Business Entity                        |         |
| Type of Business Entity                        | <u></u> |
| Industry                                       |         |
|                                                |         |
| Briefly Describe Your Legal Issue or Question  |         |
| Energy Bookings Total Edgal Isolas of Quostion |         |
|                                                |         |
| Objectives for This Consultation               |         |
|                                                |         |
|                                                |         |
| Is this issue urgent?                          |         |
|                                                |         |
| Preferred Date & Time for Consultation         |         |
|                                                |         |
| Additional Notes                               |         |
|                                                |         |