

Business Organization Intake Form

Date Form Completed:					
☐ New Client					
☐ Existing Client					
Client:	SS#	□ Male □ Female			
Have you ever used, or been known by,					
□ Yes □ No	j i i i i i i i i i i i i i i i i i i i				
If yes, list here each other name, and sta	ite when and why	each other name was used:			
Citizenship: ☐ United States ☐ Other: _					
Client Address:					
Home Telephone:					
Cell Phone:	_ May we contact	you at this number? ☐ Yes ☐ No			
Email Address:					
Does this matter involve a business that	you hold an owne	ership interest? □ Yes □ No			
Or run daily operations? ☐ Yes ☐ No		1			
If yes to either, please provide the follow	wing information:				
Business Name:					
Address: Telephone:					
Business Organization Type:					
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If matter involves a new business, how		e			
☐ Sole Proprietorship ☐ Partnership ☐		1			
☐ Limited Liability Partnership ☐ Limited Liability Company					
	☐ Professional Corporation ☐ S Corporation ☐ C Corporation				
☐ Other:					
□ Unknown					

State in which you desire to form the business:
Any other states in which you want the company to be qualified to do business:
What is the desired financial structure of the business? \Box For-Profit \Box Non-Profit
Desired effective date of formation of the business:
First choice of business name:
Second choice of business name:
General description of business (i.e. goods, services, profession, etc.):
Address of principal place of business:
List business owners and additional information:

Business Owner Name	Address	Social Security Number	Amount of Shares/Percentage of Ownership

List all officers you wish to elect with their appropriate title (i.e. President, Vice President, Secretary, Assistant Secretary, Treasurer, etc.):

Business Owner Name	Title
Statutory Agent (individual responsible for permitted by statute to be served upon the Name:	
Address:	
Describe your situation, including any rele	evant dates:
-	
Are there any other parties involved?	
	Relationship:
	Relationship:
	Relationship:
Party:	Relationship:
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Do you have any documents that could h	1 1 ,
If yes, please list those documents and the	eir dates:
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Are there any other documents you do not have that could be of assistance? ☐ Yes ☐ No If yes, please list those documents, their dates and location (if known):
Describe your desired outcome of legal representation:
Have other attorneys worked on this matter? \square Yes \square No If yes, please provide names, addresses and a brief description of their involvement:
How did you learn about Arnold & Arnold, Ltd.?
☐ Firm Website ☐ Friend/Colleague ☐ Former Client ☐ Bar Referral
□ Other: