

ZVENIA & ASSOCIATES
A Federal Agency Advocacy & Consulting Firm
(Serving Clients Since 1993)

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CLIENT INTAKE QUESTIONNAIRE
(ATTORNEY CLIENT PRIVILEGED CONFIDENTIAL INFORMATION)

HOW DID YOU HEAR ABOUT US: _____

TODAY'S DATE: _____

NAME: _____ SOC. SEC. NO: _____

HOME ADDRESS: _____ CITY/ZIP _____

PHONE NO: _____ FAX NO: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

OCCUPATION: _____ MONTHLY PAY: _____

EMPLOYER: _____ LENGTH: _____

BUSINESS ADDRESS: _____

BUS. PHONE: _____ BUS. FAX: _____

MARITAL STATUS: _____ LENGTH OF MARRIAGE: _____

SPOUSE NAME: _____ SPOUSE OCCUPATION: _____

SPOUSE EMPLOYER: _____ LENGTH: _____

SPOUSE BUSINESS ADDRESS: _____

TYPE OF ADMINISTRATIVE LEGAL PROBLEM (CHECK ONE OR MORE):

FECA/OWCP or EEOICPA Defense Base Act

Indian Affairs (including Tribal W/C) EEOC/MSPB

Trademark/Copyright matter NLRB

ADA matter Federal Trade Commission

OTHER (Please list, ie., SBA 8a, etc.): _____

BRIEFLY DESCRIBE YOUR PROBLEM: _____

If injured, Date of Injury (DOI): _____ Place: _____

Treating Doctor: _____ Phone No: _____

Doc's Address: _____ Case/File No. _____

Other Health Care Providers: _____

Work Lost Time, if any, caused by your injury: _____

Dated this _____ day of _____, 201__.

Signature