



# STAFNE LAW Advocacy & Consulting

(360) 403-8700

239 N. Olympic Avenue Arlington, WA 98223

FAX (360) 386-4005

[www.STAFNELAW.com](http://www.STAFNELAW.com)

## Consultation Intake Form

1. Please complete the form below. Once you have signed and returned this document, and payment has been received, your consultation will be scheduled.
2. Please also keep in mind that consultation timeframes are strictly monitored due to scheduling, so be sure that the time frame you've selected fits your needs.

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Length of Consultation Requested       1 Hour       ½ Hour

Do you want your consultation       In person at our office       via Telephone

If you want a consultation by telephone, when is best for you?

During the Day       Evening       On Saturday

### Client Information:

Marital Status:    Married       Single       Widowed       Divorced       Domestic Partner

Client(s)

Name: \_\_\_\_\_

Mailing

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Briefly describe your issue or question you want to discuss at the consultation

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**PLEASE NOTE:** *No attorney-client relationship is intended to be established by this consultation. This consultation is a limited scope service provided by SLAC to help you make informed decisions regarding your matter. At the conclusion of the consultation there is no obligation for you to retain us, nor do we have an obligation to provide services to you.*

All information that you provide for the consultation shall remain strictly confidential, except as authorized by you or otherwise provided under Washington State Law.

It may be impossible to fully assess a matter or answer all your questions within the time frame allotted. Please keep in mind that these consultations are for general information and are not intended to provide you specific legal advice. If you wish to have a more indepth analysis and specific advice, there are other options available to you. Please contact our office at (360) 403-8700 to find out more.

By your signature you acknowledge that you have read the above and agree to the terms as outlined.

_____	_____	_____
Signature	Printed Name	Date

_____	_____	_____
Signature	Printed Name	Date

After you sign, please return this form to:

Email [Info@stafnelaw.com](mailto:Info@stafnelaw.com)

Fax (360) 386-4005

Mail Stafne Law Advocacy & Consulting  
239 N. Olympic Avenue  
Arlington, WA 98223