

CONSULT CHECKLIST

Please Complete to the Best of Your Knowledge and Return To:

Goodman Law Firm

Legal Name: _____
(First, Middle, Last)

(A) Is there an impending Deadline? Yes/No

(B) Who is the Client? _____

(C) **Who else**, if anyone, is involved in your legal matter?

(D) Are you aware of any person adverse to you that we may have represented in the past? Yes/No

(E) What **relief** do you want: _____

(F) Have you consulted any other attorney about this matter, and if so, who did you consult?

Yes/No Who: _____

(G) Whether you want a morning or afternoon consultation and provide 3 different dates when you are available.

Morning/Afternoon Dates: _____

(H) State whether you want the consultation to be telephonic, via video conference, or in-person.

Telephone/Video/In-Person

(I) State whether you have been vaccinated against COVID-19 and if so, how many times.

(II) Yes/No How many times? _____

PLEASE ATTACH THE MOST RELEVANT DOCUMENTS TO YOUR E-MAIL, SO WE CAN REVIEW THEM.