



Westview Law LLP

BARRISTERS & SOLICITORS

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CLIENT INTAKE FORM

FULL NAME: _____

ADDRESS: _____

TELEPHONE: _____ CELL: _____

EMAIL: _____

OCCUPATION: _____

MARTIAL STATUS: Single Married Separated Divorced Widow Other: _____

CORPORATION (if applicable)

NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____ FAX: _____

INCORPORATION OR BUSINESS ID NO.: _____

PLACE OF INCORPORATION: _____

NATURE / TYPE OF BUSINESS: _____

INDIVIDUAL AUTHORIZED TO GIVE / PROVIDE INSTRUCTIONS:

FULL NAME: _____ POSITION: _____

TELEPHONE: _____ EMAIL: _____

Corporate records showing authority to bind the corporation provided (e.g., certificates, articles, by-laws or resolutions)

PROVIDE A BRIEF DESCRIPTION OF THE LEGAL MATTER

Name(s) of Parties adverse in interest: _____

How did you find out about us? _____

I have provided Westview Law LLP with 2 pieces of original, valid and unexpired government issued identification, and I provide my consent to photocopy and retain copies of the same on my file.

SIGNATURE: _____ DATE: _____