

Client Questionnaire

Please answer the following questions so your case can be handled correctly by our law office.

All your informations are secured by the obligations of secrecy.

Client informations

	data client	data partner
name:		
surname:		
titel/job:		
street, number:		
postale code, city:		
telephon number:		
telephon job:		
mobile phone:		
fax:		
birth date:		
e-mail adress:		
IBAN:		
bank:		

legal protection insurance no yes (since _____)

insurer:

insurance number.:

insured person:

Are you authorized to deductible input VAT? : no yes

Ich got: terms and conditions
 information about data protection
 information about countermand

(date) _____ (signature) _____

validation by lawyer

Kollisionsprüfung am: _____ Zeichen: _____

Gegner:	
Beratungshilfe	
Prozesskostenhilfe	
Fristen	Laufende Fristen
	Verjährungsfrist
	Ausschlussfrist
Termine	

order

- 1.) Akte anlegen
- 2.) Fristen notieren
- 3.) Termine notieren