

Fragebogen für Mandanten

Questionnaire for clients

For ease of processing, we ask that you answer the following questions to us.
Your information is protected by the attorney duty of confidentiality.

Name:	Phon:
First Name:	Fax:
Date of Birth/-Place:	Phon Job:
Marital status:	Mobile:
Street and No.:	E-Mail:
Zip code, City:	

Account no.:	Bank code:	Bank:
--------------	------------	-------

* We need this information for any reimbursements, refunds, etc.

Legal expenses insurance	if available at:	
	Insur. no.:	
	Deductible:	
	Insured person:	

Do you want advice / representation without the prior approval of your legal expenses?
(Please note that deadlines for filing of appeals or similar run independently of a law enforcement request!)

yes	no
-----	----

Are you VAT?

(Pre-authorization means that the sales tax, an entrepreneur or company may be incurred in that capacity to a third party, then it can be reassert against the tax office.)

yes	no
-----	----

How did you hear about our law office?

- Anwaltssuche.de recommendation of former clients other _____
 Local recommendation of family _____
 Yellow Pages _____
 Potsdam on Sunday (newspaper) _____
 PreussenSpiegel (newspaper) recommendation insurance, which: _____

Please tell us briefly describe your concern or if they are already important benchmarks:

I hereby certify the accuracy of the above information and agree to the electronic
Storage of my data according to § 33 BDSG agree.

Date: _____

Signature: _____