



**Richard Patterson Professional Corporation  
Barrister & Solicitor, Notary Public**

Turtle Creek – Second Floor  
113-1801 Lakeshore Rd W  
Mississauga ON L5J 1J6

Office (905) 916-2484  
Fax (905) 916-3494

**CLIENT INTAKE FORM**

Thank you for considering the legal services of **Richard Patterson Professional Corporation**. Please fill out this form as accurately as possible so that we can determine if, and how, we may assist you.

While we value all our prospective clients, there are certain matters that we are unable to assist with. For example, we would not be able to act in cases where:

- There is a conflict of interest
- The legal problem involves an area of law that we do not practice
- The legal problem is situated in a jurisdiction that we do not practice in

To ensure that we are the right legal firm for you, please return the completed form to our office in person, by post, e-mail or fax. We endeavor to contact you within 2 days of receiving your form.

<b>For Law Firm Use Only:</b>	<b>Client ID Scanned:</b> <input type="checkbox"/>	<b>Client ID Verified:</b> <input type="checkbox"/>
<b>File No.:</b> _____	<b>Date:</b> _____	

**CONTACT INFORMATION**

Full Legal Name \_\_\_\_\_

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

Middle Name(s): \_\_\_\_\_

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

Also Known As: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Telephone and Email \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

E-mail 1:

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E-mail 2:

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E-mail 3:

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Address

Address Line 1:

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Address Line 2:

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City:

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Province:

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Postal Code:

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Country:

---

Place of Employment / Business

Employment Status:

---

Job Title:

---

Principal or Contact Name:

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Company Name:

---

Address Line 1:

---

Address Line 2:

---

City:

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Province:

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Postal Code:

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Country:

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Company Phone Number:

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Company Fax Number:

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Company E-Mail Address:

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