

LAW OFFICES OF ELLIOT H. GOURVITZ, ESQ.

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PLEASE FAX YOUR COMPLETED FORM TO: (973) 474-4091

INITIAL INTERVIEW FORM:

FULL LEGAL NAME _____

MAILING ADDRESS _____

PERMANENT ADDRESS (If different) _____

Date of Birth _____ Social Security Number _____

Employer _____ Address _____

Home Telephone Number _____ Work Telephone Number _____



1. Describe Briefly your legal matter: _____

2. Indicate the date of the occurrence or transaction which gave rise to your legal matter: _____

3. Source of Referral: _____

4. Attorney's Notes: _____

5. Statute of Limitations: _____

6. Fee Quote: _____

7. I acknowledge that the Law Offices of Elliot H. Gourvitz, Esq., have not undertaken representation of my case and will not do so until they have received the requested retainer and signed Retainer Agreement. Until such time, they are under NO obligation to investigate or research my legal matter. I acknowledge receiving a copy of this initial interview form as will appear by my signature below.

DATE: _____ SIGNATURE: _____