

ALL COUNTY EVICTIONS INTAKE FORM

WELCOME TO OUR OFFICE:

*Thank you for the opportunity to serve your legal needs. The information provided is strictly confidential and is to be used only in connection with legal services provided to you. **Please keep in mind we offer a brief 20 minute free initial consultation, anytime spent beyond that will be billed at our hourly rate located on our fee schedule.** If any information is missing or there is a need for clarification this will run into the 20 minute timeframe. Thank you again for considering All County Evictions!*

Please note in addition to the information below, you will also need to provide a copy of any written rental agreements; the most current notices that have been given to your tenant(s); rental application if you have one; tenant ledger showing rents paid/owed; utility bills if applicable.

Date: ____/____/____

Landlord/Property Manager Name: _____

Cell Phone #: _____ Alt. Phone #: _____

Email: _____

Would you like to receive all correspondence/updates via email? Yes No

Legal Owner (On Tax Records): _____

Who is paying for this service? Name: _____

Address	Unit or Apt #
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City	State	Zip Code
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Are you trying to collect money from your tenant? Yes No

If yes what is this money for? (Check all that apply)

Rent Security/Damage Deposit Utilities Late Fees Other _____

If you're not trying to collect money what is the reason for requesting our services?

Termination of Tenancy Other _____

If your tenant needs to pay money, what address would they need to send payments to?

Address	Unit or Apt#	City	State	Zip Code
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INITIALS _____

