RAMSTAD, SKOYLES & BAKKEN, P.A.

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ATTORNEYS AT LAW

A Professional Association

Client Intake Form

Name(s): _____

Phone Number(s): _____

E-mail Address(es): _____

Mailing Address: _____

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How would you like to receive your billing statements? ___ Email ___ U.S. Mail

What type of legal service are you looking for?

____ Real Estate & Title Examination ____ Estate Planning, Wills & Trusts

____ Business Law ____ Condominium and Common Interest Communities

____ Guardianships & Elder Law ____ Family Law ____ Probate

Do you have a preferred Attorney to represent you? *(Subject to availability and Attorney area of practice.)*

____ Charles J. Ramstad ____ Karen Skoyles

____ Patrick A. Bakken ____ Dylan Ramstad Skoyles

Please give a brief summary of your legal situation or case, and provide the names and addresses of any adverse party, if known:

Signed: _____ Date: _____

_____

Please email completed form to our Office Manager at bscore@detroitlakeslawyers.com or return to our office at 114 Holmes Street West, Detroit Lakes, MN 56501.

For Office Use Only: *Date Received:* _____

Comments: _____

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