

MISSOURI OFFICE *
1903 Wyandotte St., Ste 100
Kansas City, MO 64108
PH: 816.931.2207
FX: 816.931.2247
**by appointment only*



KANSAS OFFICE
1901 W. 47th Place, Ste 300
Westwood, KS 66205
PH: (913) 262-2207
FX: (913) 262-2247

CONSULTATION INFORMATION FORM
RETURN COMPLETED FORM TO LITIGATION@MOKSLAW.COM

Please complete this form prior to your consultation. The information you provide is used to conduct a conflict check and evaluate your inquiry. Submission of this form does not create an attorney-client relationship.

SECTION 1 – CONTACT INFORMATION

Full Name:

Company Name(s) (if applicable):

Email Address:

Phone Number:

Mailing Address:

Street: _____
City: _____ State: _____ Zip: _____

Preferred Method of Contact:

- Email
- Phone

SECTION 2 – CONFLICT CHECK INFORMATION

To ensure that Anderson & Associates does not have a conflict of interest, please list the names of all individuals, companies, tenants, landlords, property managers, lenders, or other parties involved in the matter.

Relevant Parties (include tenants, landlords, owners, guarantors, property managers, opposing parties, borrowers, lenders etc.):

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

(Attach additional pages if necessary.)

SECTION 3 – PROPERTY INFORMATION (if applicable)

Property Address at Issue:

Street: _____

City: _____ State: _____ Zip: _____

Property Type:

Residential

Commercial

Multi-Family

Other: _____

Do you own or manage this property?

Yes

No

If managed by a company, name of management company:

SECTION 4 – GENERAL DESCRIPTION OF MATTER

Briefly describe the issue for which you are seeking consultation:

SECTION 5 – CONSULTATION ACKNOWLEDGMENT

I understand that submitting this form does not create an attorney-client relationship. An attorney-client relationship is formed only after the firm completes a conflict check and both the firm and client execute a written engagement agreement.

Name: _____

Date: _____