HENTER LAW PLC

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EDUCATION INTAKE QUESTIONNAIRE

ALL ANSWERS AND INFORMATION CONTAINED IN THIS QUESTIONNAIRE ARE COMPLETELY CONFIDENTIAL AND PRIVATE AND WILL NOT BE RELEASED WITHOUT YOUR PERMISSION.

Although you may complete and return this questionnaire, you understand that HenterLaw PLC and Mr. Henter have not agreed to and do not represent you. All clients must sign a written contract with HenterLaw PLC before any representation will begin. UNTIL SUCH A CONTRACT IS SIGNED BY HENTERLAW PLC AND YOU AND PAYMENT IS RECEIVED, WE ENCOURAGE ALL POTENTIAL CLIENTS TO CONTINUE TO SEEK OTHER REPRESENTATION.

Who referred you to us? _____

Explain in your own words what you would like us to do for you?

_____

_____

_____

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_____

Name of Student: _____
First Middle Last

Address: _____

City: _____

State: _____ Zip: _____ Tel.No.: (_____) _____

Date of Birth: _____ Social Security #: _____

Mother's Name: _____ Father's Name: _____

Primary E-Mail Address: _____ Other Tel. No.: _____

School/University Name and Address: _____

_____

_____

Please describe the student's current status with the school and a brief explanation (e.g., suspended and hearing set for 01/01/2010).

_____

_____

_____

Please describe the student's **disability**, if appropriate. Include any diagnosis by a professional as well as any eligibility determination made by the school. In addition, please describe what has been done to modify the student's education to accommodate his or her disability. What, if anything, do you believe still has to be done?

Please describe the student's present educational program and any special education, accommodations, or modifications to a regular education program.

Explain why you are contacting this firm. What is happening at the school or university that troubles you? What do you hope to obtain by contacting an attorney? Please be as specific as possible, and feel free to attach additional pages if necessary (or attach typewritten sheets).

Please let us know anything else you would like to tell us.

_____

_____

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Do you have any other legal issues besides the ones listed on this form? If yes, please explain them below:

_____

_____

Do you know of anyone else who may need legal assistance? If yes, please feel free to give us their name, address and telephone number. If we are not able to assist them, we may be able to refer them to someone who can. Thank you.

Name: _____
First Middle Last (or Family Name)

Address: _____ City: _____

State: _____ Zip :_____ Tel.No.: (_____) _____

PLEASE READ BELOW:

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Please return this form to:

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