

D e m o n s t r a t i o n

CLIENT INTERVIEW INFO FORM (BUSINESSES)

1. Name of business
Headquarters address
State and date of incorporation
Licensed to do business in California?
Fictitious business name(s)
Corporate affiliates (parent and or subsidiary companies)
2. General counsel's name
Business address
Home telephone number
Work telephone number
Telecopier or Fax number
Telex number
3. Officer in charge of litigation
Title
Business address
Home telephone number
Work telephone number
Telecopier or Fax number
Telex number
Car telephone number
4. Where and to whom should attorney's billings be sent?
5. Insurance information
Officer in charge of risk/insurance
Outside broker
CGL carrier(s) and date(s)
Auto carrier(s) and date(s)
Workers' comp carrier(s) and date(s)
Employer's liability carrier(s) and date(s)
6. Have you consulted another (outside) counsel about this case?
If so, name
7. Have you been served with any papers concerning this case?
Describe briefly
8. Have you conducted any internal investigation concerning this case?
Who/when
9. Have you made any statements to anyone outside the company concerning this case?
To whom/when/what