



NEIHOFF LEGAL SERVICES LLC

ATTORNEY CLIENT INTAKE QUESTIONNAIRE

Instructions for Hiring Attorney: To establish on-demand paralegal support, please complete this questionnaire. This form must be processed and cleared through our internal conflict-of-interest checking system prior to the delivery of substantive file access or case data. All information provided is held in strict professional confidence.

1. ATTORNEY & LAW FIRM INFORMATION

Hiring Attorney Name: _____

Illinois ARDC Number: _____

Law Firm Name: _____

Physical Office Address: _____

Mailing/Billing Address (if different): _____

Primary Telephone Number: _____

Direct Contact Email Address: _____

Direct Contact Phone Number: _____

Preferred Communication Method: ☐ Email ☐ Phone ☐ Text ☐ Firm Portal

2. PRACTICE AREA & CASE MANAGEMENT

Primary Practice Area: _____

What primary case management software do you use? _____

Will the paralegal require firm portal or software access? ☐ Yes ☐ No

Preferred method for secure file transfer: _____
(example: Email, OneDrive, Google Drive, Firm Portal, Firm Software, Dropbox)

3. BILLING SETTINGS & FINANCIAL PREFERENCES

Accounts Payable Contact Name: _____

Phone Number: _____

Accounts Payable Email Address: _____

Preferred Invoicing Schedule: ☐ Monthly (Standard) ☐ Per Project Task Order

Preferred Payment Method: _____
(Ex: Venmo/PayPal, Zelle, CashApp, ACH / Direct Deposit, Credit Card, Check)

Do you require a W-9 form on file before work begins? ☐ Yes ☐ No

4. INITIAL PROJECT DETAILS

What is the immediate project or type of service needed? _____

Is this Urgent? ____ Yes ____ No (If matter is urgent and rush services are needed, please call (217) 816-0801 to expedite process)

Date Service is needed by: _____

5. PRIMARY PARTY DETAILS (REQUIRED FOR CONFLICT CHECKING)

Please list formal legal names. For business entities, include any known parent or subsidiary structures.

Firm's Primary Client Name(s): _____

Known Aliases or Prior Names: _____

Adverse Party Name(s) (Opposing Party): _____

Known Aliases or Prior Names: _____

Opposing Lead Counsel Name and Firm: _____

Co-Parties or Known Key Witnesses: _____

6. ETHICAL COMPLIANCE & ATTORNEY SUPERVISION ACKNOWLEDGEMENT

By signing below, the hiring attorney acknowledges that independent paralegals in Illinois may only work under the direct supervision of a licensed attorney and cannot provide legal services directly to the public. Hiring attorney acknowledges that they maintain ultimate responsibility and direct supervision over all work product generated by the paralegal, in strict compliance with the Illinois Rules of Professional Conduct.

Attorney Signature:

_____ Date: _____

How did you hear about Neihoff Legal Services? _____

DISCLAIMER/ ACKNOWLEDGMENT

Neihoff Legal Services LLC agrees to maintain strict confidentiality in accordance with Rule 1.6 of the Illinois Rules of Professional Conduct, to use such information solely for performing authorized contract services, and to prevent any unauthorized access, duplication, or dissemination. This obligation survives the termination of any project or work agreement.

Freelance and virtual paralegal support services are only available to licensed attorneys who are in good standing with the Bar Association. All paralegal services are provided under the direct supervision of a licensed attorney. Neihoff Legal Services is not licensed to practice law or authorized to offer legal advice or provide legal services to the general public.

By using our services, you acknowledge and agree to comply with all legal requirements governing notarization in the State of Illinois. Neihoff Legal Services is **not** responsible for any legal consequences resulting from the improper use or interpretation of notarized documents.

I hereby acknowledge that I have read the foregoing notice and understand that Neihoff Legal Services is not licensed to practice law and therefore does not offer legal advice or provide legal services to the general public.

Neihoff Legal Services LLC
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