

NEW CLIENT QUESTIONNAIRE

INSTRUCTIONS

THIS QUESTIONNAIRE IS FOR INFORMATION PURPOSES SO WE CAN LEARN ABOUT YOU AND YOUR CLAIM. IT IS IMPORTANT IT BE COMPLETED EVEN IF RESPONSES ARE BASED UPON ESTIMATES, APPROXIMATE AMOUNTS, OR APPROXIMATE DATES IN TIME TO THE BEST OF YOUR KNOWLEDGE AND INFORMATION. This Questionnaire is for evaluative purposes to determine whether to undertake your representation in a potential legal matter. The information you provide to us is for the purpose of seeking legal representation and is confidential and privileged. Responding or completing this Questionnaire shall not create an Attorney-Client relationship which can only be established after all potential conflicts of interest can be developed, after careful consideration of the relevant facts that may pertain to your claim or claims, and a written fee agreement is entered into between us setting forth, among other things, the scope of our representation. All claims arising under state or federal law have deadlines, are time sensitive and will be forever barred or lost if not brought within a specified period of time after these events occurred or should have been discovered. Unless, and until, representation is offered to you by way of a written fee agreement formally undertaking your representation in this matter, we shall not be responsible should your putative claim not be brought in a timely manner, or is forever barred or lost, as a result of the applicable statutes of limitation relating to your claim. The evaluation of your claim, any tentative conclusions about any claim, should not be construed or relied upon as an opinion or determination as to the viability or non viability of any such claim, nor shall be construed or relied upon in any way as investment advice in deciding to buy, sell or hold any security which may be subject to any such claim.

I. Client Contact Information

Your Name:	_____
Address:	_____ _____
Home Telephone Number:	_____
Work Telephone Number:	_____
Cellular/Wireless Number:	_____
E-mail Address:	_____

II. Introductory and Background Information

Name of Brokerage Firm(s)(Against Whom You Have This Claim):	_____
Name of Your Broker (Against Whom You Have This Claim):	_____
Branch Office Address:	_____
Names On Account(s):	_____
Dates Accounts Opened:	_____

Date(s) of Birth of Account Owners: 1. _____ 2. _____

Education
Highschool: _____ **Year:** _____ **Location:** _____
College: _____ **Year:** _____ **Major/degree:** _____
College: _____ **Year:** _____ **Major/degree:** _____

Family: (Spouse): _____ **Age(s):** _____
(Children): _____ **Age(s):** _____

Occupational History:

Employer	Title/Position	Years
_____	_____	_____
_____	_____	_____
_____	_____	_____

Customer Owned Business(es):

Name	Location	Description	Years
_____	_____	_____	_____
_____	_____	_____	_____

A. INVESTMENT EXPERIENCE

Prior Investment Experience:

Name/Investment Firm	Years of Account	Approx. Value Accounts
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

	Years of Account	Approx. Value Accounts
a. Equities:	_____	_____
b. Bonds:	_____	_____
c. Options:	_____	_____
d. Margin:	_____	_____
e. Mutual Funds:	_____	_____
f. Annuities:	_____	_____
g. Other Fixed Income:	_____	_____
h. Partnerships/Real Estate	_____	_____
j. Other (Please specify):	_____	_____

B. DECISION TO INVEST

The Reason For The Decision To Invest: _____

Approximate Value Initial/Total Investment:

Source of Investment:

How and Why Was This Brokerage Firm and Broker Chosen: _____

Other Brokerage Accounts (Held At The Time This Account Was Opened):

What level of investment risk were you willing to assume?
None Minimal Moderate Substantial High

What was your primary investment objective:
Safety Income Moderate Growth Aggressive

At The Time The Investment Was Made List The Following:

Your Age:_____ **Employment:**_____ **Income:** _____

Investable Assets: _____ **Total Savings:** _____

Date Of First Contact With Broker/Brokerage Firm: _____

What Did You Tell Your Broker About Your Investment Objectives, Knowledge of Investments, or Level of Risk You Were Willing To Take:

What specific information did you tell your broker that you wanted to accomplish or do through your investing?

Where was the money held prior to being invested in this account?

Did you have specific ideas on the way you wanted to have your money invested and/or the stocks (other) in which you wanted to invest?

E. INVESTOR INFORMATION

Have you ever attended any investment related seminars (if so, when)?

Have You Held Any Professional Licenses:

Are you a member of any class action lawsuit related to any of the investments of which you complain?

Yes No

Please list any lawsuits and the nature of any lawsuit to which you have been a party as plaintiff or defendant

Have you ever been charged or convicted of any felony, or misdemeanor? (If so, please explain).

Do you subscribe to any internet related investment services?

Have you ever served on the Board of Directors of Any Public or Private Company?

Have you ever posted on any blog or bulletin board or downloaded financial or investment information from the Internet

Please list any financial or other publications to which you subscribe:

C. BROKERAGE RELATIONSHIP

How often did you communicate with the broker and who initiated the contact?

Was contact made by phone or in person?

Did you ever communicate with your broker by e-mail?

Did you ever place transactions on-line, or review your account on-line (if so, how frequently)?

D. NATURE OF COMPLAINT

Briefly Summarize Your Complaint, What You Believe The Broker Did That Was Wrong or Unlawful, What The Problem Was, What Caused Your Damages:

Please Estimate To The Best Of Your Ability Your Total Out-Of-Pocket Losses (Not Including Lost Interest Or Lost Income) From The Investments About Which You Complain. "Out-of-Pocket Losses" include the total value of cash or securities deposited into your account, less any withdrawals from the account, less the final balance of cash or securities in the account.

Total Deposits: _____

Total Withdrawals: _____

Residual or Ending Value: _____

F. DOCUMENTS

Did you sign a Customer Agreement:	_____
Margin Agreement:	_____
Option Agreement:	_____
Investment Risk/ Questionnaire:	_____
Other (Please Describe):	_____
Did you Receive:	
Monthly Account Statements:	_____
Completed Account Agreements:	_____
Forecasts/Plans/Analysis:	_____
Sales Lit./Marketing Brochures:	_____
Prospectuses:	_____
Subscription Agreements:	_____
Correspondence Management:	_____
Investment Research Reports:	_____
Written Investment Recommendations:	_____
Other Communications (Please Describe):	_____
Do you have copies of the documents you received?	

Please tell us anything else that you deem helpful?

BY SIGNING BELOW, I CERTIFY THAT THE FOREGOING INFORMATION IS SUBSTANTIALLY ACCURATE THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I UNDERSTAND THAT IF ANY OF THE FOREGOING INFORMATION IS NOT ACCURATE THAT IT MAY HAVE A MATERIAL ADVERSE IMPACT ON THE SUCCESS OF ANY CLAIM I MAY HAVE, AND COULD RESULT IN THE TERMINATION OF ANY FUTURE REPRESENTATION BY YOU.

Dated: _____

Signature: _____

Name: _____

