HIS Advocates, s.s.m. Consultation Intake Form – Print VERY Clearly		
Member Name:		Member Email:
Mailing Address:		City: "state": Zip:[]
Phone: Cell:		Email:
Subject Information		
Address:		City: State: Zip: []
Name(s) on Deed:		Owner Occupied or Non Owner Occupied (Circle)
County:		Property Type: Residential Commercial (Circle)
Property Value:		Parcel/Account/PIN#:
Current Property Tax?: Y N Current In		
If Consult for Business or Litigation		
Is this an active business? Y N		Legal Issues: Y N
Judicial Non-Judicial		(If Judicial) Case Number:
Motion for Summary Judgment Y	N	Summary Judgment Date:
Motion for Default Judgment Y	N	Default Judgment Date:
Court Hearings Scheduled Y	N	Next Hearing Date:
Name of Opposing Law Firm:	100	Phone:
Business Type		
C Corp C Corp LLC Partnership	ave a	Other:
Ticket Information		
On HISAdvocates.org click https://www.hisadvocates.org/support/post-ticket . Upload this signed document to your support ticket. Please also label and upload any document(s) that you wish us to inspect.		
Payment Instructions		
You will receive a link with booking and payment instructions once we have confirmed receipt of this form.		
Acknowledgment		
By signing, you are in agreeance with the Terms of Service on HISAdvocates.org. Services provided are NOT to be considered legal advice, and we do NOT provide legal representation in court. It is always recommended to consult and/or hire appropriate legal/lawful counsel. Services provided are considered research and education in nature. By completing this form, I (HISAdvocates Member) have read and agree with all Terms of Service on HISAdvocates.org. I agree that there are no refunds once I have made the deposit. A consultation appointment will be made within 24-72 hours whether you have provided paperwork or not. Date: Mark [Signature]:		
Date: Mark [signa	iturej: