

SASKOMUSIC

LEGAL SERVICE PROGRAM CLIENT INTAKE FORM

Date: _____

File Number: _____

CLIENT

Name: _____

Address: _____

Contact Person (if Client is a band/organization): _____

Email: _____ Phone #: _____

CONFLICT CHECK

Opposing Parties (if any): _____

MATTER

Description: _____

Comments/special instructions: _____

Timeline (is there an urgency on this matter?): _____

CLIENT VERIFICATION

****Please scan & attach a copy of your driver's license when submitting this document****