

Herrn Rechtsanwalt
Michael Kruse
Kurfürstendamm 167

10707 Berlin

City/date

Client questionnaire

Name/surname

Street

Zip-code, city, country

Phone / cell phone number

Fax number

Email-address

Legal costs insurance

Insurance policy number

Policy holder

Bank

Account number / bank sorting code

Account holder

What is the reason that you need our legal advice?

Signature

If you want to send the client questionnaire via email, please fill in the form and save it like the following example:

C:\your_name-date.pdf

After that you can send the created file as an attachment to – ra.michaelkruse@snafu.de – via email.