

**SMALL BUSINESS LEGAL CLINIC, LEWIS & CLARK LAW SCHOOL  
INITIAL CLIENT RURAL BUSINESS INTAKE FORM**

*Referring Partner to complete this portion.*

Date: \_\_\_\_\_ Referring Partner: \_\_\_\_\_

First Name	Last Name	Business Name	Rural Address	City	State	Zip Code	County

Preferred Mailing Address (if different)	Telephone	Email	Website	Non/For-Profit

Business Description (What does the business do?)	No. of Operating Years	No. of Owners	No. of Employees	Existing Business' Net Income

Names of All Owners/Founders:	No. of People in Household:	Annual Adjusted Gross Income:

Demographic Information of the **Majority Owner** Only:

Full Name	Gender	Age	Race/Ethnicity	Tribal Affiliation(s)	Country of Origin	Additional Personal Identification

*SBLC to complete this portion.*

Date: \_\_\_\_\_ Completed By: \_\_\_\_\_

Percent of Median Family HUD Guidelines (%):	Home/Own Location	OR Registered?	Registration Date	Background Information, Language Needs, and Other Comments:

- Legal Issue(s):
- Entity Selection & Formation, Compliance with Regulatory Issues \_\_\_\_\_
  - Contract(s) \_\_\_\_\_
  - Lease Review \_\_\_\_\_
  - Intellectual Property \_\_\_\_\_
  - Employment Law \_\_\_\_\_
  - Other \_\_\_\_\_

- Conflicts Check Information:
- Legal Business Name: \_\_\_\_\_
  - Other Entities Associated with Organization (DBAs, LLCs, etc.): \_\_\_\_\_
  - Key Employee Names: \_\_\_\_\_
  - Any person/company who may have a claim against you/your business: \_\_\_\_\_
  - Do you have any claims against another person or another business? \_\_\_\_\_
  - Spouse/Domestic Partner Name: \_\_\_\_\_
  - Landlord/Tenant Name: \_\_\_\_\_

**CLIO Entry & Conflict Check Date:** \_\_\_\_\_ **Conflict? Y  N  Explain:** \_\_\_\_\_

**Administrative Fee Paid  Date:** \_\_\_\_\_ **Types of Payment:** \_\_\_\_\_