

ATTORNEY WORK ORDER

GETTING STARTED: We will open a file upon receipt of your work order from for contract paralegal services:

Kindly return your intake form by email paralegalplusunlimited@gmail.com or Office/Fax: 800-526-6095.

Note: The following questions will help us to understand your requested services, and to ensure that we have been provided with all the necessary facts to complete your work order. Your assignment shall be held in strict confidence.

Name (Print): Felephone:	Attorney's Name:		Law Firm Name Address:	
Explain your pro	ect: (We will follow-up and confirm your instructions)			
	REQUIRED PER AS		DEADL	INE:
	SIT -SMALL JOB \$1 ONTACT THE OFF		INFORMATION:	
Case Docket Nur	nber:	_ What are your deadl	ines? Proje	cted Duration of Project:
			y [] Immigration [] /Administrative []	0
		PARTIE	S IN THE CASE:	
Case Name				
Specific Instructi	ons:			
How did you lea	rn of our office: [] Referral [] Yello	w Pages [] Craigslist [] other:

<u>SURVEY</u>: If you choose our service you will receive a brief survey upon completion of the service. Let us know how we are doing. We want to provide the best service impossible. Be honest! Straight forward! We appreciate all feedback! Thank you in advance for choosing our service.