NEW CONSULTATION

Name:	
Email:	
Tel Number:	
❶ **Gender:**	Male
Address:	

BEYLERIAN & ASSOCIATES, LLC

❶ **Consultation is regarding:**	
PERSONAL	
Bankruptcy	
Immigration	
Personal Injury	
Uncontested Divorce	
Will / Living Will / POA	
Litigation	
Lease	
BUSINESS	
Starting New Business	☐
Contract	☐
Dispute	☐
OTHER *(specify)*	
❶ *About subtopics marked with **	

❶ **Please tell us:**	
- Have you called us before?	◯ Yes ◯ No
- Appointment Preference	Telephone
- Language Preference	English
- How did you hear about us?	

❶ **Best time to contact you:**	

❶ **Briefly describe what you wish to discuss**

❶ **Met Life Members only:**

Case Number (If available):

Name of Spouse (if coverage is through spouse):

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Gender	*We use this information to properly address you during the consultation, and to insert the proper pronouns in any letters or documents that could be generated as a result of the consultation. You can choose not to specify a gender, in which case the pronouns "you" and "they" will be used*	Back to Form
Consultation Topic	*While our office handles a wide range of matters, including, personal, business, and international issues, your matter may not be one we handle. If the topic you wish to discuss is not listed, we are happy to provide a consultation but may not be able to undertake representation.*	Back to Form
Sub-topics marked with *	*While we can provide a consultation on these sub-topics, we regretfully do not take on these types of matter.*	Back to Form
Please Tell us	*This information helps us better help you, including updating any previous records we may have, and scheduling an appointment to best suit your preferences*	Back to Form
Best time to contact you:	*You can let us know when it would be most convenient for you to receive a call from us. You specify and date or time, and we will try our best to accommodate you*	Back to Form
Briefly describe what you wish to discuss	*This information help us better prepare for your consultation.*	Back to Form
MetLife Members only	*If you are a MetLife member, this information will allow us to confirm your coverage*	Back to Form