

Date _____

Diocese of Des Moines
Legal Consultation Form
Parishes, Schools and Other Institutions

Name _____

Organization _____

Address _____

City, State Zip _____

Phone _____

Email _____

Best time to call _____

Without disclosing any confidential information, briefly describe the matter(s) which you would like to discuss with the attorney:

At whose request is legal consultation being sought in this matter?

Please name any other parties involved in the matter:

What would you like to accomplish as a result of seeking legal services?

For Internal Use Only

Date Received: _____ Log # _____

Approval: _____ Date Approved: _____