

CHERRY WAY DOCUMENT PREPARATION SERVICES

CIVIL LAWSUIT QUESTIONNAIRE	
Your Name: _____	Request Date: _____
Phone: (____) _____ Fax: (____) _____ E-Mail: _____	Date Needed: _____
I. Type of Entity/Person Filing Complaint Against	
1. State of Incorporation: Names of Person:	<input type="checkbox"/> California <input type="checkbox"/> Delaware <input type="checkbox"/> Nevada <input type="checkbox"/> Other: _____ <input type="checkbox"/> 1 st Person _____ <input type="checkbox"/> 2 nd Person _____ <input type="checkbox"/> 3 rd Person _____ <input type="checkbox"/> 4 th Person _____ <input type="checkbox"/> 5 th Person _____
2. Choose Entity Type:	3. Please complete corresponding details for Entity type:
<input type="checkbox"/> Corporation	<input type="checkbox"/> Domestic <input type="checkbox"/> Close <input type="checkbox"/> SubChapter S <input type="checkbox"/> Non-Profit <i>*Please Specify:</i> <input type="checkbox"/> Mutual Benefit <input type="checkbox"/> Public Benefit <input type="checkbox"/> Religious
<input type="checkbox"/> Foreign Qualification	<input type="checkbox"/> Profit <input type="checkbox"/> Non-Profit <input type="checkbox"/> Professional State of Incorporation: _____ Date: _____
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Domestic <input type="checkbox"/> Foreign <i>If Foreign, please Specify:</i> State of Organization: _____ Date: _____
4. Principal Business Address and Phone Number:	Phone Number: (____) _____ Business Address: _____ City: _____ State: _____ Zip: _____
5. Name and Address of Registered Agent for Service of Process:	<input type="checkbox"/> Individual <input type="checkbox"/> Attorney <input type="checkbox"/> Corporate Agency Name: _____ Business Address: _____ City: _____ State: _____ Zip: _____
6. Names and Titles of Officers:	_____ President and/or Chief Executive Officer _____ Chief Financial Officer or Treasurer _____ Secretary

