

Baker Biz Boost Application

The application below is intended to indicate your interest in participating in BakerHostetler's Baker Biz Boost program. After receiving your completed application, we will contact you if we have any questions.

This application and any related communications between us do not create an attorney-client or prospective attorney-client relationship, so you should assume your application and any related communications may not be confidential or protected by privilege. We may already represent adverse parties or interests; therefore, please do not include any confidential information in your application or any related communications with us.

We expressly reserve the right to decline any representation due to any legal, ethical or other requirement or firm policy.

We will not have an attorney-client relationship unless and until your business and/or its owners, together with BakerHostetler, sign a separate engagement letter for legal services.

I have reviewed the program criteria and believe the business meets the qualifications. (check box)

Yes No

Name(s) of Business Owner(s):

Known or Expected Adverse Parties:

First Name:

Brief Description of Legal Issues (e.g. real estate, HR, tax, contract) (Please do not reveal any confidential information):

Last Name:

Business Name:

Business Address:

Business City:

The business listed above is wholly or majority minority- and/or women-owned. (check box)

Yes No

Business State:

Business Zip:

I understand that my submission of information is voluntary and subject to the firm's Privacy Policy and Terms of Use. (check box)

Business Phone Number:

Yes No

Business Email Address:

How did you hear about this program