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CONSULTATION INFORMATION

Please fill out the form below and submit it to our office via email, fax or drop if off to one of our offices and one of our staff members will respond to your inquiry within one business day.

1. Full legal name: Mr. () Mrs. () Ms. () Dr. () _____

2. Street Address: _____

3. City: _____ Province: _____ Postal Code: _____

4. Telephone: (primary): _____ (Secondary): _____

5. Email: _____

6. Referred by:

Existing Client Walk-in Website Local Advertising

Referral From: _____ Other: _____

7. Reason for Consultation:

Estate/Probate Family Real Estate Litigation Corporate/Commercial
 Immigration Other

