**FNA Legal Resource Form**

**FNA Member (Client) Contact Information:**

Full Legal Name:

Mailing Address:

State of Incorporation:

D/B/A:

**Client Contact:**

Name:

Job title:

Phone:

Email:

**Conflicts Information**

Please list any people, businesses, or government agencies involved in your case. This will help us determine if we can connect you with representation without conflicts to provide the best advice. Specifically, list the full name of any individual, business entity, or governmental agency that may be relevant to your organization’s legal issue.

[ ]  “I am an authorized representative of the FNA member submitting this form (the “Member”). Member consents to FNA utilizing its Legal Resource to compensate the Gunster law firm for the time it devotes to intake and, should Member sign an engagement letter with Gunster, the time it devotes to providing legal service to Member. Subject to FNA’s authorization and instructions, Gunster may also apply FNA funds held in trust for such a purpose. Member understands that, until such time as it signs and delivers an engagement letter to Gunster, Gunster is under no obligation to provide any legal services to Member and that Gunster (in its sole discretion) may refuse to represent Member based on a business or ethical conflict. Should Member engage Gunster to provide legal services, Member understands that FNA’s payment of legal fees will not interfere with Gunster’s independent professional judgment or Gunster’s attorney-client relationship with Member.”