CONSUMER DISPUTES
CLIENT INTAKE QUESTIONNAIRE:

CONFIDENTIAL. Syndicate assists consumers with disputes involving store owners, suppliers, service providers, contractors, insurers, medical providers, credit card companies, and collection agencies, and can mediate disputes when both parties are open to it. Please complete Parts 1–4 and 12–13, plus any Part (5–11) that applies to your dispute. Many consumer rights have short written-notice or appeal deadlines, so please complete this form promptly. If a question does not apply, write "N/A." If unknown, write "Unknown." Attach additional pages if needed. Account and policy numbers: last 4 digits only.

NAME OF THE CLIENT:

[__] Full Legal Name: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Syndicate Plan Member ID: _____ Plan Start Date: _____

Preferred method of contact:

[__] Phone [__] Text [__] Email

PART 1 — TYPE OF DISPUTE

1.1 Check all that apply:

[__] Health insurance → Part 5
[__] Car / home insurance → Part 5
[__] Medical billing → Part 6
[__] Credit card / billing error → Part 7
[__] Credit report error → Part 7
[__] Collection agency harassment → Part 8
[__] Warranty / defective product → Part 9
[__] Product liability (injury) → Parts 9 & 11
[__] Product / service quality → Part 4
[__] Services not provided / completed → Part 4
[__] Return of a deposit → Part 10
[__] Disputed bill → Part 10
[__] Contract interpretation → Part 4
[__] Injury, loss, or damage → Part 11
[__] Contractor dispute *
[__] Other

** For home construction or renovation disputes, please also complete our Homeowner Construction & Renovation Intake Form.*

1.2 Total amount in dispute (estimate): $ _____

1.3 In your own words, what happened and what outcome do you want? _____

_____

_____

_____

Syndicate Subscription Legal Plans

PART 2 — THE BUSINESS / OTHER PARTY

2.1 Type of business:

[__] Retail store / seller
[__] Online seller
[__] Service provider
[__] Supplier / manufacturer
[__] Insurance company
[__] Medical provider / hospital
[__] Credit card company / bank
[__] Collection agency
[__] Landlord / property manager
[__] Other

2.2 Business name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email / Website: _____

Contact person(s): _____ Your account no. (last 4): _____

Professional / business license no. (if any): _____

2.3 Is there a second business involved (manufacturer, insurer, lender)? [__] Yes [__] No

If yes, explain: _____

_____

PART 3 — THE TRANSACTION

3.1 What did you buy, sign up for, or receive? _____

_____

3.2 Date of purchase / agreement: _____ Delivery / service date: _____

3.3 Where did the transaction occur?

[__] In store / office [__] Online [__] By phone
[__] At my home (door-to-door) [__] Other

3.4 Amount paid: $ _____ Amount still owed: $ _____

3.5 How did you pay?

[__] Credit card [__] Debit card [__] Cash
[__] Check [__] Financing / loan [__] App / wire transfer

3.6 Is there a written contract, receipt, or terms and conditions? [__] Yes [__] No

3.7 Does the agreement require arbitration or have a "no class action" clause? [__] Yes [__] No

3.8 Were promises made verbally or in ads that were not in the contract? [__] Yes [__] No

If yes, explain: _____

_____

PART 4 — THE PROBLEM & YOUR EFFORTS TO RESOLVE IT

4.1 Describe the problem in detail (what was wrong, what was promised, what was delivered): _____

_____

_____

_____

4.2 Date you discovered the problem: _____

4.3 Your Losses:

Type of Loss	Amount $
Amount paid for product / service	
Cost to repair or replace	
Additional fees / charges	
Lost wages / time off work	
Other out-of-pocket costs	

4.4 Contacts with the Business:

Date	Method (call, email, letter, in person)	Person Spoken To	Result / Response

4.5 Have you sent a written complaint or demand letter? [__] Yes [__] No

4.6 Complaints filed with agencies:

[__] Better Business Bureau [__] Dept. of Consumer Affairs / licensing board

[__] Dept. of Insurance [__] Dept. of Managed Health Care

[__] CFPB [__] Attorney General / DA

[__] None yet

4.7 Are there any deadlines (return window, appeal date, court date)? [__] Yes [__] No

If yes, explain: _____

_____

PART 5 — INSURANCE DISPUTES

5.1 Type of insurance:

[__] Health [__] Auto [__] Homeowners / renters

[__] Life / disability [__] Other

5.2 Insurance company: _____ Policy no. (last 4): _____

Claim number: _____ Date of loss / service: _____ Adjuster: _____

5.3 Problem:

[__] Claim denied [__] Claim underpaid

[__] Claim delayed [__] Coverage cancelled / rescinded

[__] Treatment not authorized [__] Other

5.4 Amount claimed: $ _____ Amount paid: $ _____ Disputed: $ _____

5.5 Reason given by insurer: _____

5.6 Have you filed an internal appeal? [__] Yes [__] No

If yes — date filed and result: _____

5.7 For health plans — have you requested an Independent Medical Review? [__] Yes [__] No

Insurance appeals and review requests have strict deadlines, often measured from the date on the denial letter.

PART 6 — MEDICAL BILLING DISPUTES

6.1 Provider / hospital: _____ Date(s) of service: _____

6.2 Network status:

[__] In-network [__] Out-of-network [__] Emergency care [__] Not sure

6.3 Amount billed: $ _____ Insurance paid: $ _____ Balance billed: $ _____

6.4 Problem:

[__] Charged for services not received [__] Surprise out-of-network bill

[__] Duplicate charges [__] Insurance should have paid

[__] Price higher than estimate [__] Sent to collections

6.5 Did you apply for the hospital's financial assistance / charity care? [__] Yes [__] No

6.6 Did you receive a good faith estimate before treatment? [__] Yes [__] No

State and federal law limit many surprise out-of-network bills and require hospitals to offer financial assistance to qualifying patients.

PART 7 — CREDIT CARD, BILLING & CREDIT REPORT DISPUTES

7.1 Card issuer / bank: _____ Account (last 4): _____

Disputed charge date: _____ Amount: $ _____ Merchant: _____

7.2 Reason:

[__] Unauthorized charge [__] Goods / services not received

[__] Defective goods [__] Wrong amount

[__] Charged twice [__] Fees / interest dispute

7.3 Did you dispute the charge in writing with the card issuer? [__] Yes [__] No

If yes — date and result: _____

For billing errors, written notice to the card issuer is generally required within 60 days after the statement showing the charge.

7.4 Is there an error on your credit report? [__] Yes [__] No

Bureau(s):

[__] Equifax [__] Experian [__] TransUnion

Describe the error and any disputes filed: _____

_____

PART 8 — COLLECTION AGENCY HARASSMENT

8.1 Collection agency: _____ Original creditor: _____

Amount claimed: $ _____

Do you believe you owe this debt? [__] Yes [__] No

8.2 What has the collector done? (check all that apply)

[__] Calls before 8 a.m. or after 9 p.m. [__] Repeated / excessive calls

[__] Calls at work after being told to stop [__] Threats of arrest or jail

[__] Abusive or obscene language [__] Contacted family, friends, or employer

[__] False statements about amount or status [__] Contact after written request to stop

[__] Contact after I have a lawyer [__] Collecting a debt that is not mine

8.3 Contact Log:

Date & Time	Phone No. / Method	Caller Name	What Was Said

8.4 Did you send a written request to validate the debt or stop contact? [__] Yes [__] No

8.5 Have you been served with a lawsuit about this debt? [__] Yes [__] No

If you have been served with a lawsuit, contact us immediately. There is a short deadline (often 30 days) to respond.

PART 9 — WARRANTY & DEFECTIVE PRODUCTS

9.1 Product (make / model / serial or VIN): _____

Manufacturer: _____ Purchase date: _____

9.2 Warranty type and length: _____

Did you buy an extended warranty or service contract? [__] Yes [__] No

9.3 Number of repair attempts: _____ Days out of service: _____

9.4 Repair History:

Date	Repair Facility	Problem Reported	Result

9.5 Has the manufacturer or seller refused a repair, refund, or replacement? [__] Yes [__] No

If yes, explain: _____

_____

9.6 Did the product cause an injury or damage other property? [__] Yes [__] No

If the product caused injury or damage, do not discard or repair it. Keep the product, packaging, and receipts as evidence.

PART 10 — DEPOSITS & DISPUTED BILLS

10.1 Deposit amount: $ _____ Date paid: _____ Purpose: _____

Date you requested return: _____ Amount returned: $ _____

Reason given for keeping the deposit: _____

Did you receive an itemized statement of deductions? [__] Yes [__] No

10.2 Bill you dispute — amount: $ _____ Date received: _____

Why you believe you do not owe it: _____

_____

If a business owes YOU money under an unpaid bill or contract, please complete our Debt Collection Intake Form.

PART 11 — INJURY, LOSS OR DAMAGE

11.1 Date and location of incident: _____

11.2 What happened: _____

_____

_____

11.3 Were you injured? [__] Yes [__] No

If yes — injuries and treatment providers: _____

_____

11.4 Property damaged and estimated value: $ _____

11.5 Was an incident report, police report, or claim made? [__] Yes [__] No

If yes, explain: _____

_____

11.6 Were there witnesses? [__] Yes [__] No

Names / phone numbers: _____

PART 12 — DESIRED OUTCOME & MEDIATION

12.1 What would resolve this for you?

[__] Full refund
[__] Partial refund / credit
[__] Repair or replacement
[__] Payment of insurance claim
[__] Bill reduced or cancelled
[__] Harassment stopped
[__] Credit report corrected
[__] Return of deposit
[__] Compensation for losses / injury
[__] Apology / policy change

12.2 Minimum amount you would accept to settle: $ _____

12.3 Would you be open to mediation with the business? [__] Yes [__] No

Mediation is a voluntary, confidential process in which a neutral person helps both sides reach an agreement. It is often faster and less costly than court.

12.4 If not resolved, would you consider:

[__] Small claims court
[__] Civil court
[__] Arbitration
[__] Not sure

PART 13 — DOCUMENT CHECKLIST

Please provide copies of the following, if available. Check each item you are including.

[__] Receipts / invoices / order confirmations
[__] Contract / terms and conditions
[__] Warranty documents
[__] Repair orders
[__] Photos / videos of the problem
[__] Letters, emails, texts, chat logs
[__] Insurance policy & denial letter
[__] Medical bills & EOBs
[__] Credit card statements
[__] Collection letters / call log

[__] Credit reports

[__] Lawsuit or court papers

[__] Agency complaint confirmations

[__] Advertisements / screenshots

Certification:

I declare that the information provided in this questionnaire is true, correct, and complete to the best of my knowledge. I understand this information is provided to Syndicate Subscription Legal Plans in confidence for the purpose of evaluating my consumer dispute.

Signed and dated this ____ day of _____, 20___

Signature: _____

Print Name: _____

Please Print and Email to STEVE@STEVEMUELLERLEGAL.COM, or save this document as a PDF and email to STEVE@STEVEMUELLERLEGAL.COM,
Your information will be reviewed within one hour.