



CLIENT INTAKE FORM

Name(s): _____ Date: _____

Email Address: _____

Phone Number(s): Cell: _____ Home: _____

Home Address: _____

Mailing Address: _____

Nature of Legal Issue :

Questions for the Attorney:

Adverse Party: _____ Opposing Counsel: _____

Case Number/County (if applicable): _____

How you were referred: Former client: _____ Friend/Family: _____ Advertising: _____

Bar referral: _____ Other attorney: _____

Have you or any member of your family been seen by anyone in this office? Y / N

If yes, state person's name and nature of the legal matter with which he/she was assisted.

For Office Use Only:

Non-engagement needed: Y / N Needs Referral for: _____

NEW CLIENT INFORMATION:

Client Name: _____ Matter Name: _____

Retainer Terms: _____ Court case no.: _____

Upcoming hearing dates: _____ Deadlines: _____

Client DOB: _____ Last (4) of SS: _____

Spouse Name: _____ Spouse DOB: _____

Minor children of this marriage (name & DOB): _____

Notes: