

NEW CLIENT INTAKE FORM

Today's Date ____/____/____

CLIENT INFORMATION

Name: _____ (First, Middle, Last)

Marital Status: ____ Single ____ Married ____ Separated ____ Divorced ____ Widowed

Date of Birth: ____/____/____ Sex: ____ M ____ F

Home Address: _____ (Street)

_____ (Apt, Suite #)

_____ (City, State, Zip)

Phone: _____ (Home)

_____ (Cell)

_____ (Work)

Email: _____ (Primary)

_____ (Work)

Occupation: _____

Employer: _____ Employer Phone #: _____

BUSINESS INFORMATION (if applicable)

Business Name: _____

Business Address: _____

Business Phone: _____ Business Fax: _____

Referred to by: ____ Family ____ Friend ____ Yellow Pages ____ Internet

____ Legal Plan ____ Close to home/work ____ AARP ____ CLC ____ LRS ____ Union Plus

Description of Matter

FOR OFFICE USE ONLY

Conflict Check

Name: _____ Phone: _____ Issue: _____

Name: _____ Phone: _____ Issue: _____

Name: _____ Phone: _____ Issue: _____

Originating Attorney: _____

Will represent Will investigate and report Representation Denied

Party will think about it and get back to us.. no action taken

RETAINER/PAYMENT

____ New Client

____ Existing Client

____ Retainer ____ Flat Fee ____ Contingency ____ Other ____ Legal Plan

Hyatt Legal Plan- Case No. _____ Member No. _____

ARAG- Case Assist No. _____ Member No. _____

Credit Card:

Card Type: Visa/MC/Amex/Disc

Amount: _____

Check:

Amount: _____

Cash:

Amount: _____

Bar