Client Intake Sheet

New Client: ☐ Prior Client: ☐
File Number:_____ Date Form Completed: _____

Client Information
Name: _____ S.S.#: _____
Address: _____

_____

Home Telephone:_____ Work Telephone:_____
Employer Name: _____
Employer Address: _____
Emergency Contact(s): (Name) (Relationship) (Telephone)

_____

_____

_____

Marital Status: Single ☐ Married ☐ Divorced ☐ Separated ☐
Case Name/ Number:_____ Area Of Law: _____
Originating Attorney: _____
Assigned Attorney(s): _____

_____

Spouse Information
Name: _____ S.S.#: _____
Address: _____
Home Telephone:_____ Work Telephone:_____
Employer Name: _____
Employer Address: _____

_____

Referred By: Client ☐ Attorney ☐ Other ☐ _____

Questions for the Attorney:

_____

_____

_____

_____

FOR OFFICE USE ONLY
Initial And Date The Following Items When Completed:
Conflict Check:_____ Fee Agreement:_____
Engagement Letter:_____ Docket Entered:_____
Statute Of Limitations/Time Deadline:_____