



CLIENT INTAKE FORM

NAME: _____

FILE NO. _____

ADDRESS: _____

PHONE NOS: (HOME) _____

(OFFICE) _____

(CELL) _____

(FAX) _____

EMAIL: _____

DATE OF BIRTH: _____

SSN: _____

SPOUSE'S NAME: _____

SPOUSE'S ADDRESS: _____

CLIENT'S EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

DESCRIPTION OF CURRENT MATTER: _____

POTENTIAL OPPOSING PARTIES: _____

THEIR ATTORNEYS, IF KNOWN: _____

POTENTIAL RELATED PARTIES: _____

THEIR ATTORNEYS, IF KNOWN: _____

HAVE WE REPRESENTED YOU BEFORE? YES _____ NO _____

IF YES, WHAT MATTER? _____

DID ANYONE SUGGEST YOU CONTACT OUR OFFICE? IF YES, WHO? _____

PLEASE LIST ALL NAMES YOU OR YOUR SPOUSE HAVE EVER BEEN KNOWN BY, AND THE NAMES OF ALL BUSINESSES YOU HAVE OPERATED: _____

FOR OFFICE USE ONLY

CLIENT NAME: _____ FILE NO. _____

CONTACT NAME IF DIFFERENT: _____ CASE TYPE: _____

MATTER NAME: _____

ORIGINATING ATTORNEY: _____ RESPONSIBLE ATTORNEY: _____

BILLING INFORMATION:

BILLING CYCLE:

RETAINER: \$ _____ () RECEIVED MONTHLY _____

HOURLY RATE: \$ _____ END OF CASE _____

FIXED FEE: \$ _____ PRO BONO _____

CONTINGENT % _____

ENGAGEMENT LETTER SENT _____ OR FEE AGREEMENT SIGNED _____

CALENDAR INFORMATION:

STATUTE OF LIMITATIONS DATE: _____

VERIFIED BY: _____ CALENDARED BY: _____

OTHER CRITICAL DATES: _____

VERIFIED BY: _____ CALENDARED BY: _____

DEFAULT TICKLE SCHEDULE: _____ EVERY 30 DAYS _____ EVERY 60 DAYS

CONFLICT CHECK COMPLETED: _____

FILE OPEN DATE: _____

NOTES:
