

Intake Form

Sovereign Roots Tribal Law, PLLC
www.Sovereign-Roots.org
Seattle, WA

Private Advocates Tribal Law, PLLC
www.PrivateAdvocates.com
Tulsa, OK

(509) 212-5311

INTAKE FORM - NEW OR PROSPECTIVE CLIENT
THIS FORM NEEDS TO BE FILLED OUT BEFORE YOU CAN SPEAK WITH AN
ADVOCATE. ALL INFORMATION IS CONFIDENTIAL AND FOR OFFICE USE ONLY

Check each box that best reflects your case:

- | | |
|---|----------------------------|
| <input type="checkbox"/> Criminal Case | _____ Personal Injury |
| <input type="checkbox"/> Civil Case | _____ General legal advice |
| _____ Will | _____ Document Review |
| _____ POA | _____ Employment Dispute |
| _____ Probate | _____ Other |
| _____ Repossession | _____ |
| _____ Child Custody/Guardianship (<i>complete backside</i>) | _____ |

Tell us about the parties:

- Are you an enrolled Indian Yes No
Tribal member? Yes No
Enrollment # _____
IIMA # _____
- Is the other party a enrolled Indian Yes No
Tribal member? Yes No
Enrollment # : _____
- Is the other party the Tribe / Nation or its
entities? Yes No
If so, describe: _____

Name (First, middle, last)

Date of Birth

Physical Address

Mailing Address

County Where You Live

Phone Number

City, State, Zip Code

City, State, Zip Code

Email Address (required)

Describe your civil legal issue: _____

Describe what you want from our office: _____

How did you hear about us?

- Referral from _____ -
- Internet search, using the following search terms: _____
- Newspaper ad.
- Billboard

For slip and fall and other personal injury cases, attach any Incident Report, Hospital Transport Report, Medical Bills, and Diagrams of the personal injury premises, showing exactly where you fell or were impacted when you were injured.

If this is a personal injury case, list any previous injuries to the same area of your body. For example, if you claim an injury to your spine, we need to know about all other spinal injuries or diagnoses.

Do you have medical insurance? If so, from whom: Private Insurance Company and name _____
 Medicare
 Medicaid

Are you a U.S. citizen? Yes
 No

Have you ever made a previous personal injury claim? Yes
 No

Have you ever made a workers' compensation claim? Yes
 No

Additional information you would like us to know: _____

Are you interested in our help preparing documents and attempting a negotiated settlement, even if we do not agree to take the matter to trial? Yes No