## **New or Prospective Client 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

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

eck each box that best reflects your case:		Tell us about the parties:	
l Criminal Case	Personal Injury	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 #:	
l Civil Case	General legal advice		
Will	Document Review		
POA	Employment Dispute		
Probate	Other	Is the other party the Tribe / Nation or its entities? ☐ Yes ☐ No	
Repossession		If so, describe:	
Child Custody/Gua	rdianship (complete backside)		
Name (First, midd	dle, last)		
Date of Birth		Phone Number	
	-	City, State, Zip Code	
Physical Address		•	
		City, State, Zip Code	
Mailing Address		•	
		Email Address (required)	
County Where Yo	ou Live		
Describe your civi	il legal issue:		

How did you hear about us?	
Referral from	
Internet search, using the following searc	h terms:
Newspaper ad.	
Billboard	
	, attach any Incident Report, Hospital Transport Report, Medical Bi howing exactly where you fell or were impacted when you were
If this is a personal injury case, list any previous injury to your spine, we need to know about all of	s injuries to the same area of your body. For example, if you claim other spinal injuries or diagnoses.
Do you have medical insurance? If so, from who	om: Private Insurance Company and name Medicare Medicade
Are you a U.S. citizen?	Yes No
ave you ever made a previous personal injury cla	aim? Yes No
ave you ever made a workers' compensation claim	m? Yes No
Additional information you would like us to	know:
	<u> </u>