

# Intake Form

**Sovereign Roots** Tribal Law, PLLC  
**Private Advocates** Tribal Law, PLLC  
Seattle, WA and Tulsa, OK

**(509) 212-5311**

[www.Sovereign-Roots.org](http://www.Sovereign-Roots.org)

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:**

- Criminal Case
- Civil Case
  - \_\_\_\_\_ Personal Injury
  - \_\_\_\_\_ Will
  - \_\_\_\_\_ Power of Attorney
  - \_\_\_\_\_ Probate
  - \_\_\_\_\_ Repossession
  - \_\_\_\_\_ Child Custody/Guardianship (*complete backside*)
- \_\_\_\_\_ General legal advice
- \_\_\_\_\_ Document Review
- \_\_\_\_\_ Notary services
- Other \_\_\_\_\_

**Tell us about the parties:**

Are you an enrolled Indian  Yes  No  
Tribal member?  Yes  No  
Enrollment # \_\_\_\_\_  
IMA # \_\_\_\_\_  
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