

Client Intake Form

Today's Date: _____ Referral Source: _____

Area of Law: _____

1) CLIENT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Email Address: _____

Phone:
Home _____ Cell _____ Work _____

Cell phone provider: _____

Date of Birth: _____ Soc. Sec. No.: _____

Name of nearest relative: _____ Relationship: _____

Address of nearest relative: _____

Phone of nearest relative: Home _____ Cell _____

County resided in last 90 days: _____

State resided in last 6 months: _____

Any pending lawsuits against anyone: _____

2) CLIENT EMPLOYMENT INFORMATION

Employer Name: _____

Employer Phone: _____

Spouse Employer: _____

Spouse Employer Phone: _____

3) OPPOSING PARTY' S PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Date of Birth: _____ Soc. Sec. No.: _____

Name of spouse's attorney: _____

County resided in last 90 days: _____

State resided in last 6 months: _____

Pending lawsuits against anyone: _____

4) OPPOSING PARTY' S EMPLOYMENT INFORMATION

Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Employer Phone: _____

5) CASE INFORMATION

Case Name: _____

Case Number: _____

Originating Attorney: _____