[Client Intake Sheet]

File Number: _____ Date Form Completed:_____

New Client: ❑   Prior Client: ❑

Client:_____ SS#:_____

Spouse:_____ SS#:_____

Address:_____

Home Telephone:_____

Client Employer:_____

Telephone:_____

Spouse Employer: _____

Telephone:_____

Insurance Information:_____

Emergency Contact(s): (Name) (Relationship) (Telephone)

_____

_____

_____

Case Name And Number:_____

_____

Area Of Law:_____

_____

Originating Attorney:_____

Assigned Attorney(s):_____

_____

Referred By (Client Or Attorney?):_____

Initial And Date The Following Items When Completed:

Conflict Check:_____ Fee Contract:_____

Engagement Letter:_____ Docket Entered: _____

Statute Of Limitations/Time Deadline:_____