

CLIENT INTAKE FORM

Please complete the following information as accurately as possible. This information is held in the strictest confidence and is used to assist this office in representing you and your interests.

Today's Date: _____

PERSONAL INFORMATION

Name: _____ Date of Birth: _____

Residence Address: _____ City/ State/ Zip: _____

Home Phone: _____ Email Address: _____

D/L#, I/D# and State/Country: _____ SS#, TIN#, ETN# _____

EMERGENCY CONTACT: (Someone who will be able to find you if we cannot locate you)

Name: _____ Relationship: _____

Address: _____ Phone: _____

How did you find us?

- ☐ Internet search
- ☐ Referral: if so who? _____
- ☐ Other

EMPLOYMENT INFORMATION

Employer: _____ Position / Title: _____

Address: _____

Work Phone: (_____) _____ Ext: _____ Length of employment with this employer? _____

LEGAL REPRESENTATION INFORMATION

Brief description of legal issue that brought you to our office:

Do you have another attorney representing you on this or any other matter?

- ☐ Yes
- ☐ No

If yes, name and address: _____

BY SIGNING BELOW, I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND UNDERSTAND THAT THE ANSWERS GIVEN ABOVE WILL BE RELIED UPON AS BEING CORRECT BY THE ATTORNEY REPRESENTING MY INTERESTS.

Signature

Date

- **THE CONSULTATION FEE FOR A FAMILY LAW CASE IS \$150.00 AND IS DUE PRIOR TO THE INTERVIEW WITH THE ATTORNEY.**
- **PAYMENT OF THE CONSULTATION FEE DOES NOT BIND THE ATTORNEY TO ACCEPT YOUR LEGAL MATTER.**
- **YOU WILL BE SPECIFICALLY ADVISED IF THE ATTORNEY ACCEPTS YOUR CASE.**