

# Client Intake Sheet

New Client:  Prior Client:  Date Form Completed: \_\_\_\_\_

## Client Information

Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Marital Status: Single  Married  Divorced  Separated

Case Name/ Number: \_\_\_\_\_ Area of Law: \_\_\_\_\_

Originating Attorney: \_\_\_\_\_

Assigned Attorney(s): \_\_\_\_\_

\_\_\_\_\_

## Spouse Information

Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

\_\_\_\_\_

Referred By: Client  Attorney  Other  \_\_\_\_\_

## Questions for the Attorney:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## FOR OFFICE USE ONLY

Initial And Date The Following Items When Completed:

Conflict Check: \_\_\_\_\_ Fee Agreement: \_\_\_\_\_

Engagement Letter: \_\_\_\_\_ Docket Entered: \_\_\_\_\_

Statute Of Limitations/Time Deadline: \_\_\_\_\_ Attorney: \_\_\_\_\_