

# CLIENT INTAKE FORM

**Date:** \_\_\_\_\_

**Please Print Neatly**

<b>First Name</b>	<b>Middle</b>	<b>Last</b>	<b>Title</b>	<b>Birthdate</b> / /	<b>Social Security Number</b> - -	
<b>Mailing Address</b>				<b>Home Phone</b> ( )	<b>Cell Phone</b> ( )	
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Work Phone</b> ( )		<b>Fax Number</b> ( )	
<b>Email Address</b>				<b>Preferred Method of Contact (Please Circle One)</b> <b>Home Phone   Cell Phone   Work Phone   Email</b>		
<b>Driver's License Number</b>				<b>Issued in the State of</b>		
<b>Employer Name</b>				<b>Employer Address</b>		
<b>Position/Title</b>				<b>City</b>	<b>State</b>	<b>Zip</b>
<b>How did you find us?</b> (Please check all that apply) <input type="checkbox"/> Referred. By whom? _____ <input type="checkbox"/> Phonebook/Yellow pages <input type="checkbox"/> Internet <input type="checkbox"/> Advertisement <input type="checkbox"/> Other (please explain) _____ <input type="checkbox"/> Website _____				<b>Your consultation today is regarding:</b> <input type="checkbox"/> Criminal/Traffic <input type="checkbox"/> Divorce/Custody/Paternity/Parenting Time <input type="checkbox"/> Estate Planning/Will/Trust <input type="checkbox"/> Real Estate <input type="checkbox"/> Personal Injury <input type="checkbox"/> Civil Litigation <input type="checkbox"/> Business Matter		

**For Office Use Only:**

Rate: \_\_\_\_\_ Flat / Hourly

Retainer: \_\_\_\_\_ Refundable / Nonrefundable

Contingency: \_\_\_\_\_ %

Referred to: \_\_\_\_\_

Refused Representation. Reason: \_\_\_\_\_