

## CLIENT INTAKE FORM

Today's Date: \_\_\_\_\_

Client's full name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Spouse's full name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Client work: \_\_\_\_\_ Spouse work: \_\_\_\_\_

Client's employer: \_\_\_\_\_

Spouse's employer: \_\_\_\_\_

Emergency Contacts:

Name:	Relationship:	Phone no.:
_____	_____	_____
_____	_____	_____

Referred by: \_\_\_\_\_ Conference with attorney regarding: \_\_\_\_\_

OFFICE USE ONLY:

Primary Attorney: _____	Hour: _____
Attorney 2: _____	Hour: _____
Attorney 3: _____	Hour: _____
Paralegal: _____	Hour: _____

Fee Type:

C – contingency                      F – fixed                      R- retainer                      T- time/expense

Billing Frequency:

M – monthly                      Q – quarterly                      S – semi-annually                      O – other

Checklist:

Conflicts Check: \_\_\_\_\_ Fee Contract: \_\_\_\_\_ First Appearance due: \_\_\_\_\_  
Statute of Limitations Deadline: \_\_\_\_\_ Other deadlines: \_\_\_\_\_  
File Review Frequency: \_\_\_\_\_ Instructions: \_\_\_\_\_

Intake sheet prepared by: \_\_\_\_\_

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Conflicts checked by: \_\_\_\_\_

\_\_\_\_\_

Deadlines docketed by: \_\_\_\_\_

\_\_\_\_\_