

CLIENT INTAKE FORM

1. Name

2. Addresses

Home:

Business:

4. Which address should attorney's billings be sent to?

5. Telephone numbers

Home:

Work: What days and times should work number be used?

Fax number

Which telephone number should be used for messages?

6. Employer

7. Occupation

8. Date and place of birth

9. Driver's license number

10. Social security number

11. United States citizen? Immigration status:

12. Spouse's information

Name

Date and place of birth

Date of marriage

Address, if different

Work address

Home telephone number, if different

Work telephone number What days and hours should work number be used?

13. Insurance information

Name of insurance agent

Home insurance coverage

Vehicle insurance coverage

Medical insurance coverage

Other

14. What are the names of any other lawyers you have ever consulted regarding this case?

15. Describe any papers you been served with concerning this case

16. Describe any documents you have relating to this case.

17. Do you have access to your files or papers relating to this case?

18. Identify any witnesses or people with knowledge of the facts of this case.

19. Describe any statements you have made to anyone concerning this case?

20. How did you choose our firm?

21. Date of accident/injury?

22. Place where accident/injury occurred?

23. Brief summary of the facts?

Warning:

This form is provided for informational purposes only, and you should consult an attorney regarding the specifics of your case.