**LAW OFFICES OF STEVEN K. DEIG, LLC**

**CLIENT INTAKE SHEET**

**HOW WERE YOU REFERRED TO OUR OFFICE (Check One): Yellow Pages Internet** Friend/Family. x**\_ Attorney Referral \_ BBB Are you a former client** - Sign in front of office **Evansv**ille Bar Referral Service \_

**Attorney you were referred to:**

**Reason for appointment If someone referred you, please provide their name and address so we can t**hank them!

**(PLEASE PRINT)**

***A*ddress**

**DATE**

**NAME**

**First ADDRESS**

(M1)

(MI)

Last

**Last**

HOME PH#

**CITY**

**STATE**

.ZIP

CELL #

EMAIL ADDRESS

**M**

S.S.#

DATE OF BIRTH

**FA*X#* (Do you need to be notified before faxing? Yes \_\_\_ No**

**EMPLOYER**

WORK PH#.

EMPLOYER ADDRESS

**ZIP**

City/State

PHONE *#*

**SPOUSE** ADDRESS (If different)

**First**

**(MI)**

**Last**

**CITY*/*STATE**

**ZIP**

PHONE *#*

SPOU**SE'S EMPLOYER EMPLOYER ADDRESS**

**ZIP**

**City/State**

**OPPOSING PARTY**

**First**

(MI)

**Last**

**ADDRESS**

CITY*/S*TATE

**ZIP**

**OPPOSING COUNSEL –**

PHONE #

ADDRESS

CITY*/*STATE

ZIP

***Please visit our website if you are satisfied with your servi****ce!!*

ttt\*\*\*\*\*\*\*\*\*\*\*\*\***\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***\*\*\*\*\*\*\*\*\*\*\*\*\***\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**FOR OFFICE USE ONLY**

**Outlook Contacts List New Files Opened List WP Folders**

Scan Client Intake Sheet

Cal Check **Thank You Note**

ACCOUNTING

**Fee Agreement*/*Retainer Received Open in TABS** Billing File Opened **\_Log in/scan Fee Agreement**