

# CLIENT/MATTER INTAKE FORM

CLIENT NUMBER:

MATTER NUMBER:

DATE:

ASSISTANT

**CLIENT INFO**

NAME:

C/O (if company):

STREET ADDRESS:

CITY/STATE/ZIP:

EMAIL:

PHONE:

NOTES:

**INTAKE TYPE:****1: NEW CLIENT INFO**

Originator:	Engagement Letter?	YES	NO
Advanced Fee?	YES	NO	Amount: \$

**2: NEW MATTER INFO**

Matter Name:

Type:

Billing Attorney:

Responsible Attorney:

**1 IDENTIFY ALL PARTIES INVOLVED**Assistants: Research SOS, LNI, and DOR for Company Info | Admin: include all this information in our system*Check this box if you have attached a second sheet with more party information*

PARTY NAME:

DESCRIPTION:

ASSOCIATED NAMES (PLEASE EXPLAIN)

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**2 DETERMINE SEARCH TERMS**Attorneys: Please indicate the search terms you want checked for conflicts. You may also do so by circling specific terms in the section above.**3 CONFLICT CHECK**

CHECK NO. 1

Performed by:

Date:

CHECK NO.2

Performed by:

Date:

**4 ATTORNEY APPROVAL**

Attorney:

Date:

Explanation:

Decision:

Proceed

Do Not Proceed