

INTAKE FORM

☐ **POTENTIAL NEW CLIENT**

☐ **PRIOR CLIENT**

DATE:

(mm/dd/yyyy)

☐ **A LAWSUIT IS ALREADY FILED:**

☐ **YOU'RE BEING SUED**

☐ **YOU'RE SUING**

YOUR FULL NAME:

SS#:

Date of Birth:

(XXX-XX-XXXX)

(mm/dd/yyyy)

ADDRESS:

(City, State & Zip Code)

Home Telephone:

(XXX-XXX-XXXX)

Mobile Telephone:

(XXX-XXX-XXXX)

Email Address:

EMPLOYER:

Employer's address:

(Street Address, Apt/Unit/Etc.)

(City, State & Zip Code)

Employer's Telephone:

(XXX-XXX-XXXX)

SPOUSE INFORMATION SPOUSE'S FULL NAME: (if applicable)

SS#:

Date of Birth:

(XXX-XX-XXXX)

(mm/dd/yyyy)

ADDRESS:

(City, State & Zip Code)

Home Telephone:

(XXX-XXX-XXXX)

Mobile Telephone:

(XXX-XXX-XXXX)

Email Address:

EMPLOYER:

Employer's address:

(Street Address, Apt/Unit/Etc.)

(City, State & Zip Code)

Employer's Telephone:

(XXX-XXX-XXXX)

INFORMATION – PERSON(S) YOU INTEND TO SUE

☐ **SPOUSE** (Don't Fill This Section) ☐ **SOMEONE ELSE**

☐ **Business/Company**

☐ **Several People/Businesses, how many:**

**If you checked SOMEONE ELSE,
THEIR FULL NAME:**

SS#: ☐ **Don't Know or Not Applicable**

(XXX-XX-XXXX)

Date of Birth: ☐ **Don't Know or Not Applicable**

(mm/dd/yyyy)

ADDRESS: ☐ **Don't Know**

(Street Address, Apt/Unit/Etc.)

(City, State & Zip Code)

Home Telephone: ☐ **Don't Know**

(xxx-xxx-xxxx)

Mobile Telephone: ☐ **Don't Know**

(xxx-xxx-xxxx)

Email Address: ☐ **Don't Know**

EMPLOYER: ☐ **Don't Know**

Employer's address: ☐ **Don't Know**

(Street Address, Apt/Unit/Etc.)

(City, State & Zip Code)

Employer's Telephone: ☐ **Don't Know**

(xxx-xxx-xxxx)

GENERAL CASE INFORMATION

☐ **Family Law**

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> <i>With Children of the Marriage</i> | <input type="checkbox"/> <i>No Children of the Marriage</i> | | |
| <input type="checkbox"/> <i>With Children NOT of the Marriage (inc. Born Out of Wedlock)</i> | | | |
| <input type="checkbox"/> <i>Divorce</i> | <input type="checkbox"/> <i>Dissolution</i> | <input type="checkbox"/> <i>Legal Separation</i> | <input type="checkbox"/> <i>Annulment</i> |
| <input type="checkbox"/> <i>Spousal Support</i> | | | |
| <input type="checkbox"/> <i>Child Support</i> | <input type="checkbox"/> <i>Child Custody</i> | <input type="checkbox"/> <i>Visitation</i> | |
| <input type="checkbox"/> <i>Protection Order</i> | | | |

☐ **Traffic/Minor Crime**

☐ **Major Crime/Felony**

☐ **Vehicle Crash**

☐ **Personal Injury**

☐ **Property Damage**

☐ **Product Liability**

☐ **Foreclosure**

☐ **Eviction/Landlord-Tenant**

☐ **Medical Malpractice**

☐ **Legal Malpractice**

☐ **Workers' Compensation**

☐ **Employment Matter**

☐ **Debt Collection**

☐ **Juvenile Court Matters**

☐ **Contract Issues**

☐ **Fraud**

☐ **Home Construction/Renovation**

☐ **Disability**

☐ **OTHER OR ADDITIONAL (Short Description):**

REFERRED BY: ☐ **Other Client**

☐ **Other Attorney**

☐ **Other**

NAME OF REFERRER: