

INITIAL CLIENT INTAKE FORM

Name:			
Address:			
County:		(whe	re you live)
Cell Phone: H	Home Phone:		Work Phone:
Birth Date:			Age:
In Armed Services:			If Yes, Stationed:
Can we send mail to your home?	Yes	No	
Can we call you?	Yes	No	Can we leave a voicemail? Yes No
If yes, which number is preferre	ed?		
Can we email you?	Yes	No	
If yes, what email is preferred?			
Other party's/spouse's name:			
Children(s) Name:			
Case filed?	Yes	No	Case Number/County:
Is there a scheduled court date/trial?	Yes	No	
If so, and when?			
I understand that I am meeting with representa Consultation, I am under no obligation to hire to on my behalf without an additional written fee a	his firm to represe	ent me, nor is th	he firm under an obligation to perform further legal work
Dated this day of		, 20	
Signature:			
Print name:			