

**CLIENT INTAKE FORM**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**CONTACT INFO:**

Cell: \_\_\_\_\_

Home: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

DOB: \_\_/\_\_/\_\_

SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

Employment: \_\_\_\_\_ Contact: \_\_\_\_\_

**Briefly describe legal need/incident:**

Circle Nature: Criminal      Civil      Family/Domestic      DUI      Employment      Other

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Incident/action: \_\_\_\_\_

Have you sought legal representation from any other attorney/firm in connection with this matter?      Y / N