

**Client Intake Form**

*The purpose of an initial consultation is for the attorney to advise you, the prospective client, what, if anything, may be done for you, and what the minimum fee may be. The purpose is not to render a definitive legal opinion as it may be impossible to fully assess a matter within the timeframe allotted for a consultation or with the (information or documents) that you may be able to provide at the initial consultation.*

## Client Information

Name Date Address City State Zip

Home Phone ( ) Marital status

E-mail address

May we sent correspondence and billings to you email address? Yes No

Date of Birth Social Security No.

Name of Employer Occupation

May we contact you there? Yes No Work Phone No.

Last Year’s Gross Income

If your mail is returned as undeliverable or your telephone service terminated, please provide the name of a contact:

Name Relationship

Address Telephone No.

*How where you referred to us?* \_\_\_

**B. Opposing Party Information: (for all cases)**

Name Date of Birth

Address City State Zip

Home Phone ( ) Social Security No

E-mail address

Name of Employer Occupation

Last Year’s Gross Income

Court Case Number Date Served Attorney

## C. Divorce Cases

Date Married State Married in No. Years Married Date Separated State Divorce in Date Divorced

## D. Information on the minor child(ren) Divorce/Modification/Paternity and/or Guardianship Cases

Name Gender Date of Birth

Place of Birth Social Security No

Legal Custody Physical Custody Visitation

Name Gender Date of Birth

Place of Birth Social Security No

Legal Custody Physical Custody Visitation

**E. Paternity and/or Guardianship and/or Adoption Cases (biological father and mother)**

Father’s Name Date of Birth

Address City State Zip

Home Phone ( ) Social Security No

Mother’s Name Date of Birth

Address City State Zip

Home Phone ( ) Social Security No

Adoption Parent’s Name Date of Birth

Address City State Zip

Home Phone ( ) Social Security No

**F. Case History**

Briefly explain what you many need advice about or assistance with today:

**G. Underlying Order or Judgments**

Are there any judgments, orders or warrants been issued in this matter or any other matter involving you and the parties listed on this form? Yes No

If yes, when was the action taken and where?

We are a full service law firm with attorneys that focus on specialized practice areas which include: family law, criminal defense, personal injury, estate planning, bankruptcy and real estate. Is there any other legal matter you would like for us to provide addition information on?

|  |  |  |
| --- | --- | --- |
| Do you have a will? What year was it prepared? (you should update your will ever 3 years) | \_ yes | \_\_\_no |
| Would like additional will information? | \_ yes | \_\_\_no |
| Do you own your own home? | \_ yes | \_\_\_no |
| Have you, a friend or family member been arrested? Pulled over for DUI or have any pending criminal cases? | \_ yes | \_\_\_no |
| Are you going to be getting a divorce or have child support issues? | \_ yes | \_\_\_no |

# PLEASE READ CAREFULLY & SIGN BELOW

NOTICE: This office does not represent you with regard to the matters set forth by you herein in this information sheet or discussed during your consultation, unless and until, both you and the Attorney execute a written Agreement for Representation. If your legal problem (s) involve a potential lawsuit, it is important that you realize a lawsuit must be filed within a certain period of time called a Statute of Limitations. The Attorney's decision not to represent you should not be taken by you as an expression regarding the merits of your case. Therefore, the Attorney strongly urges you to immediately consult with another attorney to protect your rights.

THE INITIAL RETAINER FEE AND COST QUOTED AT THE BEFINNING OF YOUR CASE IS DUE IN 60 DAYS. ALL FEES AND COSTS INCURRED AFTER YOUR RETAINER HAS EXPIRED MUST BE PAID PRIOR TO THE CONCLUSION OF YOUR CASE, ALL RETAINER FEES ARE NON REFUNDABLE, NO FINAL HEARING OR MEDIATION WILL BE SCHEDULED PRIOR TO THE FEES AND COSTS BEING PAID IN FULL. \_\_\_\_\_\_\_\_

 (INITIAL)

 SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_