

LAW OFFICE CLIENT INTAKE FORM

Client Name: _____ Case Number: _____

Personal Information:

Full Legal Name: _____

Date of Birth: _____

Social Security Number: _____

Phone Number: _____

Email Address: _____

Residential Address: _____

Emergency Contact Information:

Contact Name: _____

Relationship: _____

Phone Number: _____

Legal Matter Information:

Type of Legal Matter: _____

Brief Description of Legal Issue:

Prior Legal Representation:

Have you previously been represented by an attorney for this matter? (Yes/No) _____

If Yes, Attorney Name: _____

Firm Name: _____

Phone Number: _____

Financial Information:

Are there any financial arrangements related to this matter? (Yes/No) _____

If Yes, please describe:

Consent and Authorization:

CLIENT SIGNATURE

ATTORNEY SIGNATURE

Signature: _____

Signature: _____

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