



New Client Intake Form General

Instructions: Please complete all sections. Any and all information you provide is confidential and protected by Attorney-Client Privilege. Your information will not be disclosed to anyone outside of this office except in the course of rendering legal services on your behalf unless required by law.

Date: _____

CLIENT INFORMATION

Your Name: _____

Address: _____

Cell Phone: _____ Other: _____

E-mail Address: _____

Nature of case / reason for seeking consultation: _____

How did you hear about our office? _____

OTHER PARTY INFORMATION

Name: _____

Address: _____

Cell Phone: _____ Other: _____

E-mail Address: _____

If other party is represented by an ATTORNEY in this matter, name of attorney / firm: _____

PAYMENT INFORMATION

If legal plan member, name of plan: _____

Member SS #: _____ Member ID #: _____ Case #: _____

I understand that the cost of a consultation is \$60 and to be paid at time of service.*

Signature: _____

* Legal plan members will be charged according to their respective plans.