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CONFIDENTIAL CLIENT INTAKE FORM
(PLEASE PRINT CLEARLY)

Date: _____

Client Name (if Juvenile, name of person responsible for payment):

(First) _____ (M. I.) _____ (Last) _____

Client Name (if Juvenile):

(First) _____ (M. I.) _____ (Last) _____

Address: _____

Mailing Address (if different from above): _____

Home Phone: _____ Work Phone: _____

Fax: _____ Email Address: _____

Cell Phone: _____ Other Phone: _____

Is your Email confidential: _____ Can we leave messages on home answering machine? _____

Issues for consultation: _____

Are there any emergency issues, if so what? _____

I have _____ Have not _____ Consulted with other counsel about these issues.

Name of Opposing Party: _____

Address of opposing party: _____

I was referred by: _____ Or Phone Book _____ Internet _____ Other _____

FOR OFFICE USE

File Instructions: 6 part _____ 2 part _____ Consult Only at this time _____

Fee Instructions: Hourly _____ Flat Fee _____ Retainer Agreement Amt: _____

Retainer Language: _____

Letter to referral _____