



General Intake Sheet

Please fill out this form completely and honestly. We must take every precaution to check for conflicts of interest, and we cannot properly evaluate your case without complete information. ALL INFORMATION CONTAINED HEREIN IS CONFIDENTIAL.

Please provide us with copies of any and all documents that may be relevant in this matter.

Today's date: _____ Have you been here before? _____

If so, when and in what regard? _____

Is anyone accompanying you on this consultation? _____ If yes, please give names of each person accompanying you and your relationship to each: _____

PERSONAL INFORMATION:

Full name: First _____ Middle _____ Last Name _____

Name you prefer to be called: _____

Street address: _____

City: _____ State: _____ Zip code: _____ County: _____

How long at this address? _____ Where before that? _____

Home phone: _____ Bus. phone: _____

Fax number: _____ Cell #: _____

E-mail address: _____ Date of birth: _____

Preferred method / time for us to contact you: _____

Driver's License #: _____ SS# _____

Military status: _____

Other names by which you have been known: _____

Employer: _____ Job title: _____

Employer's address: _____

Monthly income for self: _____ for household: _____



Married? _____ If yes, name of your spouse: _____

Spouse's date of birth: _____

Spouse's occupation: _____

Spouse's employer: _____

EMERGENCY CONTACT: _____

phone: _____ Relationship to you: _____

INFORMATION ABOUT ISSUE AT HAND:

Reason you are seeking the advice of an attorney: _____

Is there pending litigation in this matter? _____

If so, have you been served with legal documents? _____

If yes, please explain and provide documents: _____

Do you have a pending hearing, trial, or mediation date set in this matter? _____

If yes, please explain and give dates: _____

What you hope or expect to accomplish: _____

Have you spoken to any other attorneys about this matter? _____



If yes, what was the outcome? _____

Have you been involved in any lawsuits in the past? _____

If yes, please explain, and give approximate dates, and outcome(s): _____

INFORMATION REGARDING ADVERSE PARTY IN THIS MATTER
(if applicable):

Full name: First _____ Middle _____ Last Name _____

Relation: _____

Home Street address: _____

City: _____ State: _____ County: _____ Zip: _____

Name of business: _____

Type of business: _____

Business Street address: _____

City: _____ State: _____ County: _____ Zip: _____

Phone - home: _____ office: _____

Cell: _____ fax: _____

Email address: _____

Name of his/her Spouse (if known): _____

Military status (if known): _____

Attorney: _____

Physical description (*for service of process, if necessary*): _____

Type of vehicle he/she drives: _____



PLEASE PROVIDE ANY OTHER INFORMATION THAT YOU THINK MAY BE IMPORTANT FOR US TO KNOW:

HOW DID YOU HEAR ABOUT OUR OFFICE: (CHECK ONE)

phone book internet referral from: _____

other: _____

I have answered the questions above honestly and completely, to the best of my knowledge.

Signature: _____ **Date:** _____

