

Client Intake Form

1. Form Information

Date:

dd/mm/yyyy



Reference #:

Staff Member:

2. Client Information

Full Name: *

Date of Birth:

dd/mm/yyyy



Email Address: *

Phone Number: *

Mailing Address:

Street Address

City:

State:

ZIP Code:

Preferred Contact Method:

Phone Email Text

3. Matter Type

Practice Area: *

- Personal Injury Family Law Criminal Defense Estate Planning Business Law
 Employment Real Estate Immigration Other

4. Incident/Matter Details

Date of Incident/Event:

dd/mm/yyyy



Location (City, State):

Brief Description of Matter: *

Please provide a detailed description of your legal matter, including relevant facts and what outcome you are seeking...

Witnesses (Names and Contact Information):

5. Opposing Parties & Conflict Check

Critical for Ethics Review: Please provide complete information about all parties involved to enable proper conflict of interest checking.

Party Name	Relationship	Contact Information
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Related Entities (Businesses, Organizations):

Opposing Counsel (if known):

6. Prior Attorney Information

Have you previously consulted an attorney about this matter?

Yes No

Previous Attorney Name:

Firm Name:

Reason for Changing Attorneys:

7. Statute of Limitations & Deadlines

Time-Sensitive Information: Accurate deadline information is critical to protecting your legal rights.

Are you aware of any deadlines related to this matter?

Yes No Unsure

Known Deadline Date:

 

Urgency Level:

 

8. Damages & Relief Sought

What outcome are you seeking?

Estimated Damages (if applicable):

Type of Damages:

- Economic Medical Emotional Distress
 Punitive

9. Fee Arrangement Discussion

This section documents the initial fee discussion. Final fee agreements will be provided in a separate engagement letter.

Fee Structure Discussed:

- Contingency (% of recovery) Hourly Rate Flat Fee Retainer

10. How Did You Hear About Us?

- Online Search Referral Social Media Advertisement Other

If referral, please provide name:

11. Authorization & Consent

Please read and initial each statement to confirm your understanding.

<input type="text" value="Initial"/>	I certify that all information provided in this intake form is accurate and complete to the best of my knowledge.
<input type="text" value="Initial"/>	I understand that providing complete information is necessary for proper conflict of interest checking.
<input type="text" value="Initial"/>	I understand that submitting this form does NOT create an attorney-client relationship. Representation begins only upon execution of a formal engagement letter.
<input type="text" value="Initial"/>	I authorize the firm to contact me regarding this matter using the contact information provided above.
<input type="text" value="Initial"/>	I acknowledge that statute of limitations deadlines may apply to my case and time is of the essence.

12. Signature

Client Signature:

Date:

dd/mm/yyyy



13. Internal Notes & Follow-Up (Office Use Only)

Conflict Check Results:

Initial Assessment:

Assigned Attorney:

Consultation Scheduled:

dd/mm/yyyy 

Follow-Up Actions Required:

Status:

- Pending Review Consultation Scheduled Declined Client Retained

Provided as a courtesy by

