



CLIENT INTAKE FORM

Disclaimer: Thank you for your interest in [LAW FIRM'S NAME]. This form is used to gather preliminary information about your legal matter and is for internal use only. All information you provide will be kept confidential.

CONTACT INFORMATION

Full Legal Name: _____

Date of Birth: ____/____/____

Social Security Number: ____-____-____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widow

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____

Is it ok to leave voicemails? ☐ Yes ☐ No

Phone 2: _____

Is it ok to leave voicemails? ☐ Yes ☐ No

E-Mail Address: _____

Best Time to Contact: _____

Preferred Contact Method: ☐ Phone ☐ Text ☐ Email

MILITARY HISTORY

Have you ever been in the military? ☐ Yes ☐ No

Service Number: _____ **Branch:** _____

Type of Discharge: _____ **Dates of Service:** _____



EMPLOYMENT INFORMATION

Employer's Name: _____

Occupation: _____

Annual Pay: \$ _____ Start Date: _____

Have you ever filed for bankruptcy? ☐ Yes ☐ No

If yes, when? ____/____/____

LEGAL MATTER INFORMATION

Type of Legal Matter:

☐ Personal Injury ☐ Family Law ☐ Criminal Defense ☐ Estate Planning ☐
Business/Corporate ☐ Real Estate ☐ Employment Law ☐ Immigration ☐ Bankruptcy ☐ Other:

Brief Description of Your Legal Issue:

Date of Incident/Issue (if applicable): _____

Is there a deadline or court date we should be aware of? ☐ Yes ☐ No

If yes, please specify: _____

Have you ever been represented by another firm for this issue? ☐ Yes ☐ No

If yes, please provide details: _____

Have you ever been convicted of, or charged with, a criminal offense? ☐ Yes ☐ No

If yes, please provide details: _____

Do you have any documents related to this matter? ☐ Yes ☐ No

ADVERSE PARTY INFORMATION

Name of Opposing Party (if known): _____

Opposing Party's Address (if known): _____



Opposing Party's Attorney (if known): _____

REFERRAL INFORMATION

How did you hear about our firm?

- ☐ Internet Search ☐ Social Media ☐ Attorney Referral ☐ Friend/Family ☐ Previous Client
☐ Advertisement ☐ Other: _____

ACKNOWLEDGMENT

- ☐ I certify that the information provided above is true and accurate to the best of my knowledge.
- ☐ I understand this consultation is for evaluation purposes only and does not create an attorney-client relationship. This firm is not obligated to act as my legal counsel unless a written engagement agreement is signed and any required retainer is paid.
- ☐ I understand that if this firm does not accept my case, or if I choose not to retain its services, I should seek alternate legal counsel immediately, as my legal rights may be affected by time-sensitive deadlines.
- ☐ I authorize this firm to contact me regarding my legal matter using the information provided above.

Signature: _____

Date: _____