



# Legal Intaker

## 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:** \_\_\_\_\_



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## 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): \_\_\_\_\_



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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: \_\_\_\_\_