

### Client Intake

Date: \_\_\_\_\_ Type of Case: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

#### Client Information

Client's Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

#### Phone

Primary: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Cell/Home/Work) Secondary: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Cell/Home/Work)

Email: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_ Social: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Best Time to Contact: \_\_\_\_\_ (am/pm) May We Text You? \_\_\_ Yes or \_\_\_ No

Best Method of Contact: (Primary Phone/ Secondary Phone/ Email/ Text)

Current Employer: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

#### Children:

Name \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

Previous Counsel: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

#### Opposing Party Information:

Full Name \_\_\_\_\_ Relation to Client: \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (M/D/Y)

Current Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Opposing Counsel: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

#### Details of Your Case:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

