

LEGAL CLIENT INTAKE FORM TEMPLATE

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DATE OF
CONSULTATION

ATTENDING ASSOCIATE

PREVIOUS CLIENT STATUS

REFERRED BY

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CLIENT INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME/INITIAL	
ALIASES		U.S. CITIZENSHIP STATUS		COUNTRY OF CITIZENSHIP (IF NOT U.S.)	
DATE OF BIRTH		PLACE OF BIRTH		SOCIAL SECURITY NUMBER	
DRIVER'S LICENSE NUMBER		CURRENT RESIDENTIAL ADDRESS			
HOME PHONE		CELL PHONE		WORK PHONE	
EMAIL ADDRESS				CONSENT TO CONTACT	
PREFERRED METHOD OF CONTACT FOR LEGAL CORRESPONDENCE					
MAY WE SEND DOCUMENTS TO THE ABOVE ADDRESS? (If no, please provide an alternate address.)					

EMPLOYMENT INFORMATION

CURRENT EMPLOYER		JOB TITLE	
EMPLOYMENT ADDRESS			
ANNUAL SALARY			
SPOUSE'S NAME (including maiden name if applicable):			
SPOUSE'S DATE OF BIRTH		SPOUSE'S EMPLOYER	
SPOUSE'S ADDRESS (if different from your own)			

AUTHORIZED RECIPIENT OF CASE INFORMATION

FULL NAME	
RELATIONSHIP	
CONTACT INFORMATION	

LEGAL MATTER INFORMATION

DESCRIPTION OF THE LEGAL ISSUE

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GOALS FOR LEGAL REPRESENTATION

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DETAILS OF OTHER INVOLVED PARTIES (NAME, RELATIONSHIP, CONTACT INFO)

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URGENCY OF THE MATTER (Rate from 1-5, with 5 being critically important)	
DO YOU HAVE RELEVANT DOCUMENTS? (If yes, describe them.)	
ARE YOU CURRENTLY REPRESENTED BY AN ATTORNEY?	
REASON FOR SEEKING ADDITIONAL COUNSEL (IF APPLICABLE)	
NAME OF CURRENT ATTORNEY	
NAME OF CURRENT LAW FIRM	
ADDITIONAL CONTEXT	

ADDITIONAL NOTES

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