

Legal Assistant Assigned: _____

Date of First Appointment: _____ with _____

(Office Use Only)

BILLING INFORMATION

TYPE OF CASE: _____

TYPE OF CODE: XX _____ X _____

I.C. Fee Paid YES NO

RETAINER AMOUNT: _____

Hourly - Starting Rate: _____

Other _____

Thank you authorized by client?

Yes No Send?

CONFLICT CHECK DONE?

INTAKE DATE: _____

File # _____

CLIENT INFORMATION (Please Print Neatly)

NAME: _____ SS # _____

Mailing Address: _____

IF YOU DO NOT WANT ANY MAIL GOING TO A JOINT ADDRESS OR P.O. BOX - DO NOT LIST IT. LIST ONLY A SECURE MAILING ADDRESS.

DOB: _____ ODL# _____

How were you referred to us? _____

Were you referred to a specific attorney in this firm? Which one: _____

CONTACT INFORMATION: check preferred communication method(s)

Home No. _____ Work No. _____

Cell No. _____ E-MAIL: _____

PLEASE READ AND INITIAL NEXT TO YOUR PREFERENCES:

_____ I would like all copies of documents and correspondence sent to me by e-mail.

_____ I want copies of documents and correspondence sent to me via regular mail.

_____ You are authorized to send a thank you for the referral.

_____ You are NOT authorized to send a thank you for the referral.

Employer Name and Address: _____

ADVERSE PARTY: _____ Phone No. _____

Address: _____

ADVERSE ATTORNEY NAME (if known): _____

By signing here I acknowledge I have read and understand this sheet:

CLIENT SIGNATURE: _____ Date: _____

