



### Individual Client Intake Form

The following questions will help us to understand how we can help you. Your responses are protected by attorney/client privilege and will be held in strict confidence.

Name: \_\_\_\_\_  
Last First Middle or Maiden

Address: \_\_\_\_\_  
Number Street City State Zip

Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Cell

Email: \_\_\_\_\_

Marital status: [ ] Married [ ] Single [ ] Divorced [ ] Widowed [ ] Separated

Are you known by any other name(s)? If yes, please list them:

\_\_\_\_\_

Fictitious names, nicknames, former names, maiden names, etc.

Current employer: \_\_\_\_\_

Emergency contact:

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Street address City State Zip Phone

Briefly explain what you may need advice about or assistance with today:

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

Name(s) of other parties involved:

|       |              |
|-------|--------------|
| Party | Relationship |
| Party | Relationship |
| Party | Relationship |

Are there any documents (papers) that have previously been exchanged between you and the other party, or that you think may help us to understand the issues?

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Note: Any documents you supply that are important to your matter will be photocopied, with your permission, and your originals returned to you at the conclusion of the initial interview.

What are your goals for the representation? Please list any concerns or issues of which you are aware.

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Are there any outcomes to this situation that would be unacceptable to you?

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Are we the first attorneys you have consulted regarding this matter?  Yes  No

If no, why didn't you hire the other attorney?

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How did you choose our firm?

Website  A friend  Yellow pages  Bar referral  Former Client

Other \_\_\_\_\_