



Today's Date:

Client Intake Form

The purpose of this form is to gather the information needed by our practice before your free consultation. Your responses are protected by attorney/client privilege, whether or not we are retained, and will be held in the strictest confidence.

Name

Address

Best Contact Information

Cell Phone (_____) _____

Primary Text Ok

Home Phone (_____) _____

Work Phone (_____) _____

Email: _____

How did you learn of our office: A friend Client Referral
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 Super Lawyers
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Briefly explain what you need assistance with today:

What are you goals for the outcome of your legal matter?

If there are money damages involved, please list what these are below?

Is there any other form of settlement you are looking to accomplish in this matter? If so, please describe below.

If you are the Plaintiff (the person suing), what claims are you making against the other party?

If you are the Defendant (the person being sued), what are your defenses to the claims the other party has brought against you?

NOTICE: This office does not represent you with regard to the matters you set forth in this information sheet, or in those that you discussed during your consultation unless and until, both you and the Attorney execute a written Retainer.

Name: