**LEGAL CLIENT INTAKE FORM TEMPLATE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DATE OF CONSULTATION | ATTENDING ASSOCIATE |  | PREVIOUS CLIENT STATUS | REFERRED BY |  |
|   |   |   |   |
| 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* |  |  |  |  |
|   |
| *GOALS FOR LEGAL REPRESENTATION* |  |  |  |  |
|   |
| *DETAILS OF OTHER INVOLVED PARTIES (NAME, RELATIONSHIP, CONTACT INFO)* |  |  |
|   |
|  |  |  |  |  |  |
| 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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