

**DENSON & ASSOCIATES, PLLC**  
**CLIENT INTAKE**

DATE: \_\_\_\_\_  New Client  Returning Client

Please read carefully & complete this entire form.

Name: \_\_\_\_\_  
                    **Last**                                    **First**                                    **M. I.**                                    **Maiden**

Names from former marriages: \_\_\_\_\_

Aliases: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_ (Maiden) \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_ DL#: \_\_\_\_\_ State: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_  I authorize emails concerning my case.

I authorize email of general interest from Denson & Associates, PLLC.

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:** Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

**HOW WERE YOU REFERRED TO US?** (Circle One)    Office Sign    Bar Association    D&A Letter    TV Ad    Radio

Billboard    Website    Webchat    Phonebook: Name of Book: \_\_\_\_\_ Friend: Name of Friend: \_\_\_\_\_

Other: \_\_\_\_\_ Denson & Associates Employee: Name \_\_\_\_\_ An Attorney: Name of Attorney: \_\_\_\_\_

**Purpose of Visit Today**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Appeals                   | <input type="checkbox"/> Divorce           | <input type="checkbox"/> Youth Court Action |
| <input type="checkbox"/> Criminal: _____<br>Charge | <input type="checkbox"/> Child Custody     | <input type="checkbox"/> Child Support      |
| <input type="checkbox"/> Expungement               | <input type="checkbox"/> Adoption          | <input type="checkbox"/> Visitation         |
| <input type="checkbox"/> Wrongful Death            | <input type="checkbox"/> Wills             | <input type="checkbox"/> Estates            |
| <input type="checkbox"/> Personal Injury: _____    | <input type="checkbox"/> Name Change       | <input type="checkbox"/> Guardianship       |
| <input type="checkbox"/> General Litigation        | <input type="checkbox"/> Contempt          | <input type="checkbox"/> Conservatorship    |
| <input type="checkbox"/> Other: _____              | <input type="checkbox"/> Modification      | <input type="checkbox"/> Emancipation       |
|  | <input type="checkbox"/> Deed/Title Search | <input type="checkbox"/> Will Contest       |

**Case Information**

Case Name: \_\_\_\_\_ versus \_\_\_\_\_ Docket/Court No.: \_\_\_\_\_

Court: [Circuit, District, Chancery, Probate, Justice, Municipal] County: \_\_\_\_\_ State: MS, AL, Other

Opposing Party's Name: \_\_\_\_\_ Opposing Attorney: \_\_\_\_\_

Court Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M./ P.M.

**For Office Use Only**

Initial Court Date/ Arraignment: \_\_\_\_\_  
Trial Date: \_\_\_\_\_  
Conflict Check: Y/N      Next Procedural Step: \_\_\_\_\_  
Deadlines: \_\_\_\_\_  
Statute of limitations: \_\_\_\_\_  
Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Retainer Fee (Quoted):** \$ \_\_\_\_\_, \_\_\_\_\_ .00 or  Contingency  
Cost (Quoted): \$ \_\_\_\_\_ FF \$ \_\_\_\_\_ PR \$ \_\_\_\_\_ PUB \$ \_\_\_\_\_ Other  
Down Payment (Quoted): \$ \_\_\_\_\_  Flat fee  
**Abacus ID Number:** \_\_\_\_\_ **Matter No.** \_\_\_\_\_  
**Abacus Matter:** \_\_\_\_\_  
Contract Executed: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
OM Followup: 7 14 21 Other: \_\_\_\_\_

