

Prospective Client Intake Form

Case Type _____
County _____
Intake Date _____

Full Legal Name _____

Address _____

City/State/Zip _____

Mailing Address (if different from above) _____

Email _____

Cell Phone _____ Home Phone _____

Work Phone _____ Alternate Contact _____

Date of Birth _____ Place of Birth _____

Social Security # _____ Driver License _____

How did you learn about Robinson Law? _____

Opposing Party (the other side, full legal name) _____

Date of Birth _____ Place of Birth _____

Social Security # _____ Driver License _____

Address _____ Phone # _____

Explain the reason for your visit. _____

Notes:

Billing & Record Keeping

Practice Area: _____

Legal Fee: _____ Flat Fee _____ Hourly _____ Mixed
 _____ Contingent _____ Pro-bono

Filing Fees: _____

Third-Party Fees: _____

Payment Plans: _____ Upfront _____ % Down _____ # Of Months to Pay

Notes: _____

Attorney: _____ Cristal Robinson

Paralegal: _____

Received: Signed Agreement Filing Fees 3rd Party Fees Attorney Fees Payment Agreement
Entered Into: MyCase Workflow _____ Dropbox Worksheet: Practice Area