
LONG LAW OFFICE, PC

CLIENT INTAKE SHEET

_____ Last Name	_____ First Name	_____ Middle Name	_____ Name Preference
_____ Home Telephone Number	_____ Work Telephone Number	_____ Mobile Telephone Number	_____ Email Address
_____ Home Street Address		_____ City, State and Zip Code	
_____ Date of Birth (Mandatory)	_____ Social Security Number (Mandatory)	_____ Driver's License Number, State (Mandatory)	
_____ Employer Name and City		_____ Position	
_____ Spouses Full Name		_____ Spouse's Employer and City	

NAME AND CONTACT INFORMATION OF THE PERSON TO CONTACT IF YOU CANNOT BE REACHED:

_____ Contact's Full Name	_____ Relationship		
_____ Home Street Address	_____ City, State and Zip Code		
_____ Home Telephone Number	_____ Work Telephone Number	_____ Mobile Telephone Number	_____ Email Address

TYPE OF CASE FOR WHICH YOU ARE HERE:

Divorce _____ Modification _____ Criminal _____ Civil _____ Other: _____

IS THIS THE FIRST TIME YOU HAVE CONSULTED AN ATTORNEY ON THIS MATTER? _____ Yes _____ No

I HEREBY AUTHORIZE LONG LAW OFFICE, PC TO SECURE, FROM THE INDIANA BUREAU OF MOTOR VEHICLES (BMV), COPIES OF MY DRIVING RECORD, VEHICLE REGISTRATION RECORDS, OR ANY OTHER RECORDS HELD BY THE BMV, OR ANY OTHER BUREAU OR AGENCY OF THE STATE OF INDIANA.

Signature

Date

Source of Referral

OFFICE USE ONLY

<u>FL</u>	<u>CV</u>	<u>CR</u>		
___ DIV	___ ES/WIL/HCD	___ F1/2	___ MA	RET _____
___ MOD	___ PI/WD	___ F3/4	___ MB	FEE _____
___ PAT/SUP	___ CON	___ F5	___ MC	ATTY _____
___ JP/JC	___ RE	___ F6	___ IF	O.M. _____
___ GU/POA	___ BUS	___ OWI	___ PTR	