

## **POTENTIAL CLIENT INTAKE FORM**



Date: \_\_\_\_\_

Name of Individual Completing Intake: \_\_\_\_\_

### ▪ **Contact Information**

1. Name: \_\_\_\_\_ *(Legal Name of Individual or Entity)*

2. Entity Type, if applicable (corporation, LLP, sole proprietorship): \_\_\_\_\_

3. Title *(if applicable)*: \_\_\_\_\_

4. Address: \_\_\_\_\_

5. Phone(s): \_\_\_\_\_ (home); \_\_\_\_\_ (work); \_\_\_\_\_ (cellular)

6. E-mail address: \_\_\_\_\_

Secondary or copy email:

### ▪ **Reason(s) for Consultation**

1. Summary of reason(s) for seeking legal support services:

a. Important dates *(i.e., date of service of complaint; date of demand letter)*:

b. Other individuals involved or with information about matter:

2. Any case already filed or other attorney involved (if known):

3. Any previous contact with this office?

*(If so, describe when, and nature of contact)*

4. How/why prospective client selected this office for services:  
*(i.e., referral, internet search, professional association)*

**Additional Information:**  
*For conflict check purposes*



**Focused Area**

\_\_\_ 1. Is issue litigation-oriented or primarily transactional? Please describe.

\_\_\_ 2. Primary legal issues:

**BusinessRelated Issues**

\_\_\_ a. Name and type of business

\_\_\_ b. Nature of business

\_\_\_ c. Business address

\_\_\_ d. Does client represent business. If so, in what capacity?

**Other and/or Related Issues (related parties):**

*This section to be completed by Gerie Johnson*

**Engagement Type:**

Type:	Advance Payment:	Fee Tier (hourly/flat fee):	IC Agreement addressed to: