P.O. Box 398 14 ELECTRIC STREET AMHERST, NS B4H 3Z5 PHONE: (902) 667-8490 FAX: (902)667-6081

CREIGHTON SHATFORD

LAWYERS & NOTARIES

CLIENT INTAKE

Dear Sir/Madam,

Thank you for considering the legal services of Creighton Shatford. Please fill out this form as accurately as possible so that we can determine if, and how, we may assist you.

While we value all of our prospective clients, there are certain matters that we are unable to assist with. For example, we would not be able to act in cases where:

- there is a conflict of interest;
- the legal problem involves an area of law that we do not practice; or
- the legal problem is situated in a jurisdiction we do not practice in.

Client Contact Information

ull Name
• First name:
• Middle name(s):
• Last name:
Other names that you are known by:
Date of birth:
Occupation:
Sstimated annual income:
Address
• Address line 1:
Address line 2:
• City:
• Province:
• Postal code:
Country:

Telephone Number			
• Home:			
• Work:			
• Cell:			
• Fax:			
Email			
• Home:			
• Work:			
Matter Description			
Issue: What would you like legal assistance with (For example: drafting a will, defending crimina company, selling your business, suing someone.)	l charges, divorcing a spouse, incorporating a		
For Family Law Matters Only: Spouse/Other party			
• First name:			
• Middle name(s):			
• Last name:			
Other names that they are known by:			
Date of birth:			
Occupation:			
Occupation:Estimated annual income:			
Date of marriage:			
Place of marriage:			
Date of separation:			
Children			
Full names	Date of birth		

Custody arrangement:		
Does the matter involve your business?		
Business name:		
Name and position of any office contact person(s):		
Company name:		
O Unit/Suite/Apt:		
o PO Box:		
o Street:		
o City:		
o Province:		
o Postal Code:		
o Country:		
•		
Description Describe the events that have led you to seek legal assistance. Please include: (a) the dates, times, and descriptions of all relevant events, (b) names and contact information of any potential witnesses, and (c) names and contact information of any professionals that have been involved (e.g.: police officers, insurance company employees, doctors, or lawyers).		

Stage of Matter

Prior Counsel

Have any other lawyers acted for you on this matter? Please provide their names and contact information.

 Busine 	ess name:
• Name	and position of any office contact person(s):
 Comp 	any name:
0	Unit/Suite/Apt:
0	PO Box:
0	Street:
0	City:
0	Province:
0	Postal Code:
0	Country:
Have you eve what happene	r attended court, board, tribunal, or mediation appearance(s) for this matter? If so, d?
<i>Next Appeara</i> What is the da	ance ate, time, and location of your next appearance?
Date:	
11me:	
Location:	
Related Part	<u>ies</u>
For example,	e the names and contact information for any parties that are related to your matter. the person you want to sue, the person who is suing you, co-accused(s), or the ish to divorce.

<u>DO</u>	CUMENT VERIFICATION
Drivers License	DI CI
Number:	Place of Issue:
Expiration Date:	
Passport	
Number:	Place of Issue:
Expiration Date:	
Health Card	
Number:	Place of Issue:
Expiration Date:	1 face of issue.
Expiration Bate.	
Other Photo I.D.	
Type:	Place of Issue:
Expiration Date:	Number:
Expiration Bute.	Trainoet.
I hereby confirm that I have met wit	th the above client and verified the above referenced client
identification as contained in this fo	
	 -
Date:	
Verified By:	
Print Name:	