

**DAY, DAY & BROWN**  
Attorneys at Law

Potential Legal Malpractice Intake

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Phone number: \_\_\_\_\_

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

Date you first suspected legal malpractice: \_\_\_\_\_

Legal malpractice against (please list all attorney(s) or facility/facilities responsible):

\_\_\_\_\_

Have you consulted with or retained new counsel following said negligence? \_\_\_\_\_

Referred by: \_\_\_\_\_

Facts (please provide a detailed summary, in chronological order, of your case):