CONFIDENTIAL NEW CLIENT INTAKE

CLIENT INFORMATION

CASE EVALUATION AND CONFLICT SCREENING FORM

Instructions: Complete all relevant fields. For best results, save this PDF to your device and open it in Adobe Acrobat Reader. Do not submit original documents, Social Security numbers, bank account numbers, or other highly sensitive identifiers unless an attorney specifically requests them.

1 CONSULTATION AND COMMUNICATION PREFERENCES

Date Form Completed *

Preferred Office

○ St. Louis ○ Illinois ○ No preference

Consultation Preference

○ Office ○ Phone ○ Video

How did you hear about MLF Law Firm?

Preferred Language

Interpreter needed? ○ Yes ○ No

2 CLIENT OR ENTITY INFORMATION

Client Type

○ Individual ○ Business / Organization

Client / Entity Full Legal Name *

Other, Former, or Maiden Names

Date of Birth (individual clients)

Street Address *

City *

State *

ZIP *

County of Residence

Primary Phone *

Alternate Phone

Email Address *

Preferred Contact Method

○ Phone ○ Text ○ Email

Best Time to Contact

May we identify the firm? ○ Yes ○ No

Safe to leave a detailed voicemail? ○ Yes ○ No

Safe to send text messages? ○ Yes ○ No

Safe to send case-related email? ○ Yes ○ No

Mailing address different? ○ Yes ○ No

Mailing Address (if different from above)

Occupation / Position

Employer / Organization

3 PERSON COMPLETING THIS FORM (IF DIFFERENT FROM CLIENT)

Name

Relationship / Title / Authority

Phone / Email

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MATTER AND CONFLICT INFORMATION

IDENTIFY THE LEGAL MATTER, COURT, AND INVOLVED PARTIES

4 TYPE AND STATUS OF LEGAL MATTER

Check every category that may apply. The attorney will determine the final practice-area classification.

- ☐ Traffic / Driver License
- ☐ Criminal Defense
- ☐ Divorce / Dissolution
- ☐ Child Custody / Parenting
- ☐ Child Support / Paternity
- ☐ Bankruptcy / Debt Relief
- ☐ Personal Injury
- ☐ Workers' Compensation
- ☐ Civil Litigation
- ☐ Business / Contract
- ☐ Immigration
- ☐ Probate / Estate
- ☐ Landlord-Tenant / Real Estate
- ☐ Appeal / Post-Judgment
- ☐ Other / General Legal Matter

Matter Status

○ New / no case filed ○ Existing case ○ Appeal ○ Post-judgment / enforcement

If Other, Describe

5 JURISDICTION, COURT, AND DEADLINES

State | **County** | **City / Municipality** | **Court / Agency**

Existing Case / Citation / Claim Number | **Judge / Division / Department**

Next Hearing / Court Date | **Time** | **Known Filing Deadline** | **Date Served with Papers**

Have you been served with papers? ○ Yes ○ No ○ Unknown

Any deadline within 30 days? ○ Yes ○ No ○ Unknown

Describe Any Immediate Hearing, Deadline, Arrest, Eviction, Foreclosure, Injury, or Other Urgent Issue

6 PARTIES AND CONFLICT CHECK INFORMATION

List every person, business, insurer, agency, witness, and attorney whose interests may be related or opposed. Complete names help the firm perform an accurate conflict check.

Additional Client Names, Family Members, Owners, or Related Entities

Other / Adverse Party - Full Name | **Relationship to Client**

Additional Other Party / Business / Agency | **Opposing Attorney / Law Firm (if known)**

Other Conflict Names and Prior / Current Attorneys (identify role)

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CASE NARRATIVE AND EVIDENCE

TELL US WHAT HAPPENED, WHAT YOU NEED, AND WHAT SUPPORTS IT

7 CASE SUMMARY AND REQUESTED OUTCOME

Describe the Situation or Case in Your Own Words *

Key Dates and Chronology - Include When Events Occurred and When You Learned About Them

What Result or Relief Are You Seeking?

What Is Your Most Urgent Concern or the Most Important Fact the Attorney Should Know?

8 WITNESSES, DOCUMENTS, AND EVIDENCE

Witnesses or People with Relevant Knowledge - Name, Relationship, Phone / Email, and What They Know

Documents or Evidence Available (check all that apply)

- ☐ Court papers / pleadings
- ☐ Police / incident reports
- ☐ Contracts / agreements
- ☐ Emails / text messages
- ☐ Photos / video / audio
- ☐ Medical records / bills
- ☐ Insurance records
- ☐ Financial / tax records
- ☐ Employment records
- ☐ Witness list / statements
- ☐ Property / title records
- ☐ Other supporting material

Preserve evidence: Do not alter, delete, edit, crop, or discard originals. Provide copies unless the attorney instructs otherwise.

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CASE-SPECIFIC DETAILS

COMPLETE ONLY THE PANEL OR PANELS THAT APPLY TO YOUR MATTER

9 CASE-SPECIFIC SUPPLEMENTAL INFORMATION

These questions help the attorney identify immediate issues. Skip any panel that does not apply. Use Page 3 for additional explanation.

CRIMINAL OR TRAFFIC

Include all charges, citations, warrants, and license issues.

Charge / Citation

Arrest / Citation Date

Agency / Officer

Court Date

Bond / Probation / Warrant Status

License State / Number

Commercial driver license? ○ Yes ○ No

DIVORCE, CUSTODY, OR FAMILY

Include existing orders and all minor children involved.

Spouse / Other Parent - Full Name

Date Married

Date Separated

Minor Children - Names and Ages

Existing custody / support orders? ○ Yes ○ No ○ Unknown

PERSONAL INJURY OR WORKERS COMP

Include incident date, treatment, insurance, and missed work.

Incident Date

Incident Location

Injuries and Medical Treatment

Employer / Insurance Carrier

Claim Number

Missed work because of injury? ○ Yes ○ No ○ Unknown

BANKRUPTCY OR DEBT RELIEF

Estimates are acceptable; do not list account numbers.

Filed bankruptcy before? ○ Yes ○ No ○ Unknown

Approx. Total Debt

Approx. Monthly Income

Garnishment, Foreclosure, Repossession, Lawsuit, or Other Urgent Collection

Home, Vehicle, or Other Property at Risk

IMMIGRATION

Do not provide passport or Social Security numbers on this form.

Country of Birth

Citizenship

Current Status

A-Number (if any)

Date / Manner of Entry

Next Hearing / Deadline

Prior removal, denial, or arrest? ○ Yes ○ No ○ Unknown

CIVIL, BUSINESS, REAL ESTATE, OR OTHER

Include the transaction, property, money, and requested remedy.

Amount in Dispute

Contract / Event Date

Property, Business, Contract, or Transaction Involved

Demand, Notice, Lawsuit, Lien, or Other Document Received

Money, Injunction, Possession, Defense, or Other Remedy Sought

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AUTHORIZATION AND SUBMISSION

REVIEW THE DISCLOSURE, SIGN, AND RETURN THE COMPLETED FORM

10 TIME-SENSITIVE OR SPECIAL CIRCUMSTANCES

- ☐ Hearing or deadline within 30 days
- ☐ Protection / restraining order
- ☐ Eviction, foreclosure, or utility shutoff
- ☐ Ongoing medical treatment or serious injury
- ☐ Arrest, warrant, jail, or probation issue
- ☐ Immediate child custody or safety issue
- ☐ Immigration hearing or removal deadline
- ☐ Evidence may be lost, deleted, or destroyed

Explain Any Checked Item or Other Time-Sensitive Concern

11 FEES AND BILLING CONTACT

Person / Entity Responsible for Fees

Billing Email

Will another person pay fees? ○ Yes ○ No ○ Unknown

Third-Party Payer - Name / Relationship

Legal insurance or employee plan? ○ Yes ○ No ○ Unknown

Plan / Member Information

12 PROSPECTIVE CLIENT ACKNOWLEDGMENT - THIS IS NOT A RETAINER

PLEASE READ BEFORE SIGNING. Completing, signing, emailing, or discussing this form does not create an attorney-client relationship, does not obligate MLF Law Firm or any attorney to accept the matter, and does not constitute a promise of representation or any particular result. Representation begins only after the firm completes a conflict check and case review, agrees to accept the matter, and a written engagement agreement is signed by the client and the firm with any required conditions satisfied. Until then, the firm has not agreed to appear in court, file anything, contact another party, preserve evidence, stop a deadline, or take any other action. You remain responsible for all court dates, filing deadlines, statutes of limitation, notices, hearings, and other time-sensitive obligations unless the firm expressly confirms otherwise in writing. The information provided will be used for conflict screening and preliminary evaluation and will be handled in accordance with applicable duties to prospective clients. Do not provide unnecessary highly sensitive identifiers or original documents. By signing, you certify that the information is complete and accurate to the best of your knowledge and authorize the firm to contact you using the communication methods you selected on Page 1.

- ☐ I have read and understand the acknowledgment above.
- ☐ I certify that the information supplied is accurate.

Signature - Type Full Legal Name or Sign in a Compatible PDF Viewer *

Date *

Title / Relationship (if applicable)

EMAIL COMPLETED FORM TO EMAIL@CESARAMILLAN.COM

Save the completed PDF first. In supported viewers the button opens a new email; otherwise attach the saved PDF manually.

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