



CLIENT INTAKE FORM

Confidential Client Information • For Law Firm Use

1. CLIENT INFORMATION

Full Legal Name

Preferred Name

Business / Organization Name (if applicable)

Occupation / Title (if applicable)

Street Address

Address Line 2 / Suite

City

State / ZIP Code

Primary Phone

Email Address

Secondary Phone (optional)

Best Days / Times to Contact

Preferred Contact Method:

☐ Phone ☐ Email ☐ Text

Safe to leave voicemail / identify the firm in messages?

☐ Yes ☐ No ☐ Restrictions (explain below)

Contact Restrictions / Instructions

2. TYPE OF LEGAL MATTER

- ☐ Business / Corporate ☐ General Counsel ☐ Contracts ☐ Real Estate / Property
☐ Immigration / Nationality ☐ Trademark / IP ☐ Employment / Labor ☐ Civil Litigation
☐ Insurance Claims ☐ Estate / Probate ☐ Family Law ☐ Criminal Law
☐ Government / Administrative ☐ Other

If other, specify

Brief Description of Legal Needs

When did the issue arise? (approximate date)

Upcoming deadline / hearing / response date

Matter pending before a court, agency, or tribunal?

☐ No ☐ Yes

If yes, court / agency, case number, jurisdiction



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2. TYPE OF LEGAL MATTER (CONTINUED)

Has another attorney represented you in this matter?

☐ No ☐ Yes

Attorney Name / Firm / Contact Information

3. OTHER PARTIES & CONFLICT CHECK

Opposing Party / Other Party #1 — Full Name or Business

Relationship to You / Role in Matter

Attorney (if known)

Opposing Party / Other Party #2 — Full Name or Business

Relationship to You / Role in Matter

Attorney (if known)

Additional Individuals / Entities / Affiliates / Insurers

4. MATTER BACKGROUND

What happened, and what outcome are you hoping to achieve?

Steps taken so far to resolve the matter

Have you received relevant letters, contracts, notices, court papers, or other documents?

☐ No ☐ Yes

Documents available for review

Are there witnesses or other people with relevant information?

☐ No ☐ Yes

Names / Contact Information (if known)



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5. REFERRAL & CONSULTATION PREFERENCES

- ☐ Attorney Referral ☐ Client / Personal Referral ☐ Internet Search
☐ Firm Website ☐ Social Media ☐ Professional Organization ☐ Other

Referral Source / Other

Preferred consultation format:

- ☐ Phone ☐ Video Conference ☐ In Person

Anything else the firm should know before the consultation?



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6. ACKNOWLEDGMENT

Submitting this form does not guarantee that the firm will accept the matter and does not establish an attorney-client relationship. Representation begins only after the firm confirms acceptance and any required engagement agreement is executed. Please do not include highly sensitive information or send original documents until the firm provides appropriate instructions.

Client Name

Date

Typed Name / Electronic Acknowledgment (if used)

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Date Received

Intake Reviewed By

Conflict check completed:

☐ Yes ☐ No

Urgent deadline identified:

☐ Yes ☐ No

Matter Status:

☐ Pending Review ☐ Consult Scheduled ☐ More Info Needed

☐ Accepted ☐ Declined ☐ Referred Elsewhere

Assigned Attorney

Consultation Date / Time

Internal Notes