

**BABUN & TORRES, PA d/b/a  
MIAMILEGALHELP.COM**  
Attorneys at Law  
13831 SW 59 Street, Unit 101  
Miami, FL 33183

<b>FOR OFFICE USE ONLY:</b> Attorney: _____ Date Opened: _____ Required Action: _____ _____ Retainer: _____ _____ Date Closed: _____
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**Client Intake Form, Information to be completed by Client:**

File No.: \_\_\_\_\_ Case Type: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_

Client Name: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Cell No.: \_\_\_\_\_

Work No.: \_\_\_\_\_

Home No: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Legal insurance?:  YES  NO

If yes, what insurance company?:  HYATT  USLegal

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

Authorization No.: \_\_\_\_\_

**Agreement:**

I hereby certify that the above information is true and correct to the best of my knowledge. I acknowledge that all retainers payed by the client to Babun and Torres, P.A. are non-refundable. By completing and signing this application, I agree to be considered a client and have my information used for marketing purposes.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

**Information to be completed by Attorney:**

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

Case No. (if applicable): \_\_\_\_\_

Adverse Party: \_\_\_\_\_

Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Opposing Attorney: \_\_\_\_\_

Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Respondent Atty: \_\_\_\_\_

Judge: \_\_\_\_\_

To be completed by attorney:

Retained:  YES  NO

**Payment Information:**

Received From: \_\_\_\_\_

From Account\*: \_\_\_\_\_

Memo\*\*: \_\_\_\_\_

Check Number: \_\_\_\_\_

Payment Method: \_\_\_\_\_

Class, Case Type: \_\_\_\_\_

Amount: \_\_\_\_\_

\* Client Cost Expense, Fee Income (Hyatt, USLegal, Signature, etc.)

\*\* OE – Office Expense, C – Costs, CF – Consultation Fee, FB – Florida Bar, R – Retainer