

# Guzik Law Office, PA

## Client Intake Information

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_  
                    First                                    Middle                                    Last                                    Previous

St. Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

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

Spouse's Name: \_\_\_\_\_

Nature of Present Legal Problem (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Adoption              | <input type="checkbox"/> Criminal matter      |
| <input type="checkbox"/> Divorce               | <input type="checkbox"/> Domestic Abuse       |
| <input type="checkbox"/> Post Divorce          | <input type="checkbox"/> Personal Injury      |
| <input type="checkbox"/> Custody               | <input type="checkbox"/> Grandparent Rights   |
| <input type="checkbox"/> Parenting Time        | <input type="checkbox"/> Will or Probate      |
| <input type="checkbox"/> Child Support         | <input type="checkbox"/> Real Estate          |
| <input type="checkbox"/> Maintenance - Alimony | <input type="checkbox"/> Other, specify _____ |
| <input type="checkbox"/> Paternity             |   |

Do you have a Court date pending? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please indicate the County, date and time of hearing: \_\_\_\_\_

Have you been a client of ours before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate the type of case previously handled by our office?  
\_\_\_\_\_

If no, **please indicate how you were referred to our office:**

\_\_\_ By another attorney, name: \_\_\_\_\_

\_\_\_ Friend, acquaintance or relative, name: \_\_\_\_\_

\_\_\_ Church Bulletin, name of church: \_\_\_\_\_

\_\_\_ Google Search: Term or terms searched: \_\_\_\_\_

\_\_\_ Other Advertisement (please specify): \_\_\_\_\_

\_\_\_ Other: \_\_\_\_\_