



New Client Intake Form

YOUR INFORMATION

FIRST NAME

LAST NAME

EMAIL

PHONE

MAILING ADDRESS

CITY

STATE

ZIP

PREFERRED CONTACT METHOD

Phone

Email

Text

BEST TIME TO REACH YOU

YOUR MATTER

WHAT AREA OF LAW / TYPE OF MATTER?

BRIEFLY DESCRIBE YOUR SITUATION

ANY IMPORTANT DATES OR DEADLINES? (COURT DATE, ACCIDENT DATE, ETC.)

OTHER PARTIES – FOR OUR CONFLICT CHECK

OPPOSING PARTY / PARTIES (NAMES)

BUSINESSES OR ENTITIES INVOLVED

ANYONE ELSE WE SHOULD CHECK?

REFERRAL

HOW DID YOU HEAR ABOUT US?

ACKNOWLEDGMENT

Submitting this form does not create an attorney-client relationship, which is established only upon a signed engagement agreement. Please do NOT include highly confidential information (Social Security numbers, account numbers, detailed medical facts) here. The firm will request sensitive information through a secure channel.

SIGNATURE

DATE