



ESTATE PLANNING & LITIGATION
The Law Office Of
David L. Miller

David Miller

Attorney at Law

Client Intake Sheet

Name: _____ Today's Date: _____

Address: _____

City _____ State _____ Zip _____

Phone #: _____ Work #: _____

Email address: _____ Dr. Lic. #: _____

SSN #: _____ DOB: _____

Would you like to opt into text messages? YES NO

Would you like to opt into our client portal? YES NO

Is there anyone you authorize us to communicate with in the event we cannot get in touch with you? If so, name of that person: _____

Relationship of that person: _____

Phone #: _____ Email: _____

How did you hear about us? Client Attorney Internet Advertisement

Other: _____

Case #: _____ Quoted Retainer Fee: _____

NOTES:
