

Date: _____

Prospective Client Questionnaire

Name (include maiden or other marital name): _____

Home Address: _____

Date of Birth: _____ Home phone: _____

Email Address: _____

Name of Employer: _____ Position: _____

Employer address: _____

Employer phone: _____

Where you prefer to be contacted: _____

Spouse's name:

Opposing party name and address:

Name of associated and/or related parties: _____

Name of current opposing counsel: _____

Address: _____

Please state briefly the nature of the problem you wish to discuss with this office.

Please check type of legal category that applies:

Domestic/Family Law: ____ Sexual Assault/Harassment: ____

Police Misconduct: ____ Employment problem: ____

In-Custody/Prison Death: ____ Personal Injury: ____ Criminal: ____

Have you or any member of your family been seen by anyone in this office? Yes No
(Circle One)

If yes, state person's name and nature of the legal matter with which he/she assisted.

How you were referred:

Phone: ____ Advertising: ____ Former client: ____

Bar referral: ____ Court assignment: ____ Other lawyer: ____

CLIENT INTAKE

Our fees in many cases are contingent on securing a verdict or settlement for you.

*Optional: For client to sign: "I understand that no legal relationship was created by my visit because my case was not accepted by this office."

Signature: _____ Date: _____

For Office Use Only:

Initial Interview Date: _____ Type of Case: _____

Initial Interview By: _____ Case Assigned to: _____

Client referred By : _____ Non-engagement: _____

Office File no.: _____ Court file no.: _____

Deadlines: _____ Conflicts check: _____

Notes: _____

