

**PROPOSED CLIENT INTAKE SHEET**

**DATE:** \_\_\_\_\_

**PERSONAL INFORMATION**

FULL NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

CITIZENSHIP: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COUNTY OF RESIDENCE: \_\_\_\_\_

HOME TELEPHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

HOME FACSIMILE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

OTHER CONTACT#: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

HOME E-MAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

BUS TELEPHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

BUS FACSIMILE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

OTHER CONTACT#: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

BUSINESS E-MAIL: \_\_\_\_\_

**SPOUSE'S INFORMATION**

FULL NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_



**WITNESSES – OTHER PARTIES**

Please list all witnesses and other persons having knowledge of facts relevant to you legal matter.

NAME	RELATION	ADDRESS	WITNESS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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### PROPOSED DEFENDANTS

If your legal matter involves a potential defendant, please provide name and address.

NAME

ADDRESS

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WORK ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### OTHER MATTERS

Please state any other matters relevant to your case that you would like to state.

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Please bring this Intake sheet with you to your appointment.