

Date: \_\_\_\_\_  
Interviewing Attorney: \_\_\_\_\_  
Referring Attorney: \_\_\_\_\_  
Type of Matter: \_\_\_\_\_  
Contract Rate(s): \_\_\_\_\_

## Individual Client Intake Sheet

### Client Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
SSN: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Issuing St: \_\_\_\_\_

### Employer Information

Name of Business: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Web: \_\_\_\_\_

### Spouse Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Type of Matter

Please check the type of matter with which we can help you.

- Business Formation  Estate Planning  Probate  Breach of Contract  Healthcare Law  Real Estate  
 Employment Law  Other: \_\_\_\_\_

Have you consulted with another attorney about this matter?  Yes  No If yes, who? \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

Have you been served with papers this matter?  Yes  No If yes, when? \_\_\_\_\_

Where are your files related to this matter located? \_\_\_\_\_

- I authorize The Law Office of Mark Smith, PLLC to send emails regarding this matter to the address shown above.  
 I authorize The Law Office of Mark Smith, PLLC to send emails of general interest to the address shown above.

Attach additional sheets if necessary.