

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 Smith Reed & Armstrong, PLLC to send emails regarding this matter to the address shown above.

I authorize Smith Reed & Armstrong, PLLC to send emails of general interest to the address shown above.