



Date: \_\_\_\_\_

File No: \_\_\_\_\_

**CLIENT INTAKE SHEET (GENERAL)**

PLEASE FILL IN THE REQUESTED INFORMATION TO THE BEST OF YOUR ABILITY.  
ALL GATHERED INFORMATION IS CONFIDENTIAL.

**CLIENT(S) INFORMATION**

FULL NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX:  M  F

COMPANY: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

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

MAILING ADDRESS: \_\_\_\_\_  
STREET/PO BOX CITY STATE ZIP COUNTY

PHYSICAL ADDRESS: \_\_\_\_\_  
(IF DIFFERENT) STREET/PO BOX CITY STATE ZIP COUNTY

FULL NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX:  M  F

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_  
(IF DIFFERENT) STREET/PO BOX CITY STATE ZIP COUNTY

- I WANT TO RECEIVE MY BILL VIA EMAIL  I AUTHORIZE E-MAILS CONCERNING MY CASE.
- I AUTHORIZE E-MAILS FROM LH&T OF GENERAL INTEREST AND NEWSLETTERS

**OPPOSING PARTY INFORMATION (FOR CONTESTED MATTERS)**

FULL NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX:  M  F

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
STREET/PO BOX CITY STATE ZIP COUNTY

- HOW WERE YOU REFERRED TO US?**
- I AM A PREVIOUS CLIENT  OFFICE SIGN  FIRM WEBSITE
  - SEMINAR OR CLINIC  BAR ASSOCIATION WEBSITE  SOCIAL MEDIA
  - PERSONAL REFERRAL FROM: \_\_\_\_\_  OTHER: \_\_\_\_\_

Office Use Only:  
Interviewing Attorney: \_\_\_\_\_  
Fee Quoted: \_\_\_\_\_

Conflict Check (Staff): \_\_\_\_\_  
Conflict Check (Attorney): \_\_\_\_\_

See other Side →

