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CLIENT INTAKE INFORMATION

Name: _____
First Middle Last

Date of Birth: _____ Are you a U.S. citizen? _____

Type of Case: _____ Social Security Number: _____

Mailing Address: _____
Street Address

City State Zip

Home Phone: () - Cell Phone: () -

Work Phone: () - Email: _____

Preferred Method of Contact? _____

Driver's License or State ID #: _____

Employer Name: _____

Employer Address: _____
Street Address

City State Zip

How were you referred to this office? Phone Book Website

Another Attorney: _____ Friend: _____

Date: _____ **Signature:** _____

**All information provided will remain confidential.*

FOR OFFICE USE ONLY:

Hourly Rate: _____ Retainer: _____ Flat Fee: _____

Additional Notes:
