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CLIENT INTAKE FORM

Name: _____
 First Middle Last Maiden

Address: _____
 Number Street City State Zip

Mailing: _____
 Number Street City State Zip

Home Phone: _____ Date of Birth: _____

Cell Phone: _____ Email: _____

Driver's License # _____ Married: [] Yes [] No Number of Children _____

Briefly explain what you may need legal advice or assistance with:

Are there any other parties involved? (Examples: co-defendant, an employer, a neighbor, a witness, etc. This should include parties on either side of your issue.)

Party _____ Relationship _____

Party _____ Relationship _____

Are you employed? If so where:

Name of Employer	Address	Position	# of years
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Are you currently represented in this matter?

Name of Attorney	Address	Number
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