

Client Intake Form

CLIENT PERSONAL INFORMATION

Legal Name: _____ Male Female X

Marital Status Never Married Married Divorced Widowed Separated

S.S.N: _____ - _____ - _____ DOB: ____/____/____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Email Address: _____ Cell Phone: (____) _____

Please check preferred contact methods

Acting on behalf of: Self Spouse Child Parent Other _____

WHO IS THE LEGAL MATTER FOR? *(If different to client)*

Legal Name: _____ Male Female X

Marital Status Never Married Married Divorced Widowed Separated

S.S.N: _____ - _____ - _____ DOB: ____/____/____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Email Address: _____ Cell Phone: (____) _____

Please check preferred contact methods

SPOUSE/PARTNER PERSONAL INFORMATION *(if applicable)*

Legal Name: _____ Relationship: _____

Male Female X S.S.N: _____ - _____ - _____ DOB: ____/____/____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: (____) _____ Email Address: _____

How did you hear about us? Newspaper _____ Online _____

Friend/Family _____ Other _____

CHILDREN INFORMATION *(If applicable)*

Legal Name: _____ Male Female X

S.S.N: _____ - _____ - _____ **DOB:** ____/____/____

Mailing Address: _____

City: _____ **County:** _____ **State:** _____ **Zip:** _____

Phone: (____) _____ **Email Address:** _____

Legal Name: _____ Male Female X

S.S.N: _____ - _____ - _____ **DOB:** ____/____/____

Mailing Address: _____

City: _____ **County:** _____ **State:** _____ **Zip:** _____

Phone: (____) _____ **Email Address:** _____

Legal Name: _____ Male Female X

S.S.N: _____ - _____ - _____ **DOB:** ____/____/____

Mailing Address: _____

City: _____ **County:** _____ **State:** _____ **Zip:** _____

Phone: (____) _____ **Email Address:** _____

Legal Name: _____ Male Female X

S.S.N: _____ - _____ - _____ **DOB:** ____/____/____

Mailing Address: _____

City: _____ **County:** _____ **State:** _____ **Zip:** _____

Phone: (____) _____ **Email Address:** _____