

Domestic Client Intake Form

The following information will be used if we need to contact you (unless you indicate otherwise) and to evaluate your legal needs. This information will be held in strict confidence. This information will also help us initiate your case if you decide to retain our services. **Please print or type.**

Today's Date: _____

A. Client Information

Name: _____
first middle last any other legal name used

Address: _____ County: _____
address city state

Date of Birth: _____ SS # _____
mm/dd/yyyy - -

Phone: _____ Email _____
home cell work

Preferred contact: _____

Name of Employer: _____ Gross Annual Income: \$ _____

B. Other Party Information

Name: _____
first middle last any other legal name used

Is this person: Spouse Other parent of minor child(ren) Other: _____

Address: _____ County: _____
address city state

Date of Birth: _____ SS # _____
mm/dd/yyyy - -

Phone: _____ Email: _____
home cell work

Preferred contact: _____

Name of Employer: _____ Gross Annual Income: \$ _____



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Children's Information

List names and birthdates of minor children (under the age of 18):

Child's Name

Date of Birth

_____	_____
_____	_____
_____	_____
_____	_____

Please provide a copy of a photo ID such as driver's license or passport.

How were you referred to us?

Referral from _____

Legal Insurance (if applicable): ARAG CLC Hyatt Legal Other _____

Plan Member Name: _____ Plan Member ID or SS#: _____

Tradebank (if applicable): Name on card _____ Membership # _____