

Today's Date:_____

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.**

Name:							
•	first	middle		last	ć	nny other legal name used	
.ddress:						County:	
	address		city		state		
Date of Birth:	m/dd/yyyy	SS#		_			
hone:				Email			
Phone:hom	e (cell	work				
Preferred contact:		 -					
Name of Employer:					Gross Annual Income: \$		
Name of Employe	r:			G	ross Annua	Income: \$	
Name of Employe	r:			G	ross Annua	Income: \$	
				G	ross Annua	l Income: \$	
				G	ross Annua	Income: \$	
Other Party	nformation						
Other Party	nformation			G		I Income: \$ y other legal name used	
Other Party Name:	Information	middle		last	an	y other legal name used	
Other Party Name:	Information	middle		last	an		
Other Party I Name: s this person:	first Spouse	middle		last	an Other:	y other legal name used	
Other Party Name: s this person:	Information	middle		last	an Other:	y other legal name used	
Other Party Name: s this person:	first Spouse address	middle Other pa	rent of mino	last r child(ren)	an Other:	y other legal name used	
Other Party Name: s this person: Address:	first Spouse address	middle Other pa	rent of mino	last r child(ren)	an Other:	y other legal name used	
Other Party Name: s this person: Address: Date of Birth:	first Spouse address	middle Other pa	rent of mino	last r child(ren)	Other:	y other legal name used	
. Other Party I Name: Is this person: Address: Date of Birth:	first Spouse address m/dd/yyyy	middle Other pa	rent of mino	last r child(ren)	Other:	y other legal name used County:	



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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 #			