

## Client Intake Form

Legal Name \_\_\_\_\_  Male  Female  X

Martital Status  Never Married  Married  Divorced  Widowed  Seperated

S.S.N: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address \_\_\_\_\_

Acting on behalf of:  Self  Spouse  Child  Parent  Other \_\_\_\_\_

### Who is the Legal Matter For? *(if different to client)*

Legal Name \_\_\_\_\_  Male  Female  X

Martital Status  Never Married  Married  Divorced  Widowed  Seperated

S.S.N: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address \_\_\_\_\_

### Spouse/Partner Personal Information *(if applicable)*

Legal Name \_\_\_\_\_ Relationship \_\_\_\_\_

Male  Female  X S.S.N: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address \_\_\_\_\_

## Other Interested Parties

Legal Name \_\_\_\_\_  Male  Female  X  
S.S.N: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address \_\_\_\_\_

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Legal Name \_\_\_\_\_  Male  Female  X  
S.S.N: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address \_\_\_\_\_

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Legal Name \_\_\_\_\_  Male  Female  X  
S.S.N: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
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City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address \_\_\_\_\_

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Legal Name \_\_\_\_\_  Male  Female  X  
S.S.N: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address \_\_\_\_\_

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