

LITIGATION INTAKE FORM

YOUR INFORMATION					
Client Full Name		Date of Birth		Age	
Usual Name		SSN#			
Street Address		E-mail			
		Home Phone			
City	State	Zip	Cell Phone		
County of Residence			Work Phone		
Occupation			Fax #		
Employer			US Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Information					

OTHER PARTY (please attach additional forms for each party)					
Full Name		Date of Birth		Age	
Usual Name		SSN#			
Street Address		E-mail			
		Home Phone			
City	State	Zip	Cell Phone		
County of Residence			Work Phone		
Occupation			Fax #		
Employer			US Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Information					

Full Name		Date of Birth		Age	
Usual Name		SSN#			
Street Address		E-mail			
		Home Phone			
City	State	Zip	Cell Phone		
County of Residence			Work Phone		
Occupation			Fax #		
Employer			US Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Information					

INSURANCE COMPANY			
Company			
Agent/Representative			
Address:			
City	State	Zip	
Policy #	Type of Policy »		
Owner(s)			
Insured			
Beneficiary(ies)			
Death Benefit Amt.	Cash Value		
Current Loan Balance	Accidental Death		
Comments			

CASE INFORMATION		
Does this matter involve a business you own or run?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If a business is involved, how is the business organized?		
Are you employed by the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide your job title and employer's name and address.		
Can you be contacted at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you being sued? If yes, please provide more details.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name and address of the party suing you.		
Name, address, email and telephone number of the attorney for the party suing you, if any.		
Name and location of the court you are being sued in.		
Date you were served with court papers. Attach copies of the court papers.		
Please describe the incident giving rise to the litigation/dispute		

Are other people involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide names, addresses, telephone numbers and their relationship to you, if any.	
Do you have any documents that could help explain your situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list those documents, their dates, and attach a copy of those documents.	
Are there other documents that you do not have access to that could be of help?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list those documents, their dates, and attach a copy of those documents.	
Describe how this situation has affected you.	
Describe what resolution you want (your preferred outcome).	
Have other attorneys worked on this matter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide their name, address, email and telephone number	
Other Concerns:	
How did you hear about this website?	