Client Intake

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DISCLAIMER: This document is written for general information only. It presents some considerations that might be helpful in your practice. It is not intended as legal advice or opinion. It is not intended to establish a standard of care for the practice of law. There is no guarantee that following these guidelines will eliminate mistakes. Law offices have different needs and requirements. Individual cases demand individual treatment. Due diligence, reasonableness and discretion are always necessary. Sound risk management is encouraged in all aspects of practice.

updated December 2009
INTRODUCTION

Many malpractice claims result from attorney-client relationships that began sour and grew steadily worse. That’s why it is important to start off on the right foot with new clients.

One risk management solution: make sure the client’s first impression of you and your firm is positive. The ensuing relationship will blossom.

FIRST IMPRESSIONS

THANKS FOR COMING

New clients should be warmly welcomed. Thank them for choosing you, and tell them you appreciate their business. Give them a professional introduction to your firm. Escort them through the office. Introduce your staff, especially those who will be assisting on the case. Explain your procedures for handling appointments and telephone calls.

In the initial interview, open your ears before your mouth. A good technique is to ask clients to tell their story in their own words. Listen closely without taking notes. Parrot key phrases back to the client to show you’re paying attention.

Clients may be tense, anxious and rambling. Be patient. Don’t belittle their concerns, even if unfounded. “Listening is not the simple ability to decode information,” says Kevin J. Murphy in Effective Listening. “It is a two-way exchange. One must compel others to do the same. Be sensitive to subtle signs of dissatisfaction. Early detection and prevention of client disenchantment might prevent a serious blowup down the road.”

INTERVIEW FORM

After the client has finished with the story, you can take it once more from the top, this time taking notes and probing with questions. Here, a client interview form is critical.

Develop an interview form that suits your practice needs. Be sure it covers all necessary information, including pending deadlines and conflicts of interest data. However, as you fill in the blanks on the form, don’t lose sight of the person sitting on the other side of the desk.

“Lawyers collect facts about their clients instead of information about people,” writes Milton Zwicker in the September 1994 Law Practice Management. Firms focus their systems on files and not people. It is more important to know what kind of client has a legal problem than what kind of legal problem the client has.

NEW CLIENT QUESTIONNAIRE

It’s a good idea to develop a simple questionnaire that prospective clients can complete while they are waiting to see you.

Have your secretary bring you the form after it is completed. At a glance, you will know who the prospective client is and what the case is about. When the client comes into your office, you can greet him or her by name and jump right into the interview.

The questionnaire also protects you. It provides documentation in the client’s own hand of what the client thinks the problem is and what relief the client seeks.
Think about the best experience you have ever had being interviewed. Try to recall what made the experience positive. Most likely there were comfortable surroundings and an interviewer that seemed interested in you and what you had to say. It is unlikely you were made to feel intimidated or uncomfortable.

When you are interviewing a prospective client, remember that most people are unfamiliar with the legal system and will be uneasy at best, frightened at worst. It is important to establish a good rapport early in the process. When making the initial contact, be sure to advise the client of who you are and your purpose.

Begin the interview with small talk if it makes the situation more comfortable, but do not make the client feel you are wasting their time.

There should be no distractions like office phones ringing. Sit side by side or across from each other without invading each other's body space and without establishing barriers like desks.

Don’t let note-taking become a distraction. Maintain good eye contact. Do not attempt to take down every word said. Instead, look for pertinent and relevant information. This is where your knowledge of the case is helpful.

**TYPES OF QUESTIONS**

- **Open** -- Allows interviewer to talk, more information is given; more time-consuming; interviewer has minimum control. Example: “Why don't you tell me everything you remember about the accident?”
- **Closed** -- Requires a yes/no answer; interviewer is in control; answers are not as reliable; shows inconsistencies. Example: “Did you see the car run the red light?”
- **Double-barreled** -- Requires more than one response; causes interviewee to lose train of thought. Avoid, because it tends to leave both of you confused. Example: Did you see the other car run the red light and how fast was it going?
- **Bi-polar** -- Effect is similar to closed; gives interviewee two options; usually at end of interview after problem has been identified. Example: Do you agree or disagree that you were speeding?
- **Leading** -- Invites interviewee to answer one way or another; requires careful use; might use with children; best used for cross-examination of adverse party. Example: You did not see the car in the intersection as you approached, did you?

Use techniques such as nonverbal and verbally supportive communication, active and passive listening, and body language. They influence the gathering of information. The interviewer should not adopt a hostile or confrontational stance. Nodding during the interview indicates your acceptance of the client's story. Verbal expressions of empathy can assist in bonding between you and the client.

**BARRIERS TO EFFECTIVE LISTENING**

- **Talking** -- You cannot effectively listen if you are mentally preparing what you are going to say.
- **Mentally arguing** -- You cannot effectively listen if you are mentally forming your argument. Also, you need to be objective in listening.
- **Preoccupation** -- Keep your mind on the subject at hand.
- **Impatience** -- Do not become frustrated by the speaker's slow speech or inability to make a point.
- **Poor environment** -- Do not become distracted by noise, people, or temperature. Take care of these distractions before the interview begins.
- **Inattentiveness** -- Effective listening requires all your attention. You must try to absorb what the speaker says.
- **Mental or physical fatigue** -- Be “up” for the interview.
- **Failure to understand body language** -- Is the client sending a message with facial expressions or body language that is different from what is being said with words?
TIPS FOR INTERVIEWING CLIENTS

Establishing a good rapport with the client early in the relationship can help you avoid problems later on. Additionally, a close working relationship and open lines of communication make case preparation go more smoothly and efficiently. Clients who feel comfortable with you are more likely to provide you with the information you need to better represent them. The appendix to this manuscript includes forms, checklists, and other materials related to attorney-client interaction. Following are some key considerations for the initial interview:

• Be on time for appointments.
• Personally greet clients in the reception area.
• Strive to put your clients at ease. Many people are unfamiliar with and intimidated by the legal system. Clients are most likely coming to see you because of some stressful event in their lives, so go out of your way to make their experience as pleasant as possible (offer them a beverage, consider interviewing them in a sitting area rather than from behind your desk, etc.).
• Avoid interruptions while meeting with a client (hold all calls, restrict others from coming in and out of your office, etc.). Regardless of how large or small the case, each client’s problem is important to them. They deserve your undivided attention.
• Hear the client’s full story before jumping in with questions.
• Be direct. Do not overcomplicate things. Avoid the use of legal jargon. Instead, discuss the problem in layman’s terms. Think practical advice and real solutions.
• Do not overwhelm clients with information. Give them a manageable range of options.
• Understand the client’s objectives and clearly define the scope of your representation. This gives the client realistic expectations and focuses your advice.
• Be realistic about what you can accomplish.
• Make sure the client understands the billing system.
• Explain the time and cost legal matters can entail. Urge clients to carefully consider how this might impact their lives.
• Follow up the initial interview with a letter of engagement, nonengagement, or disengagement.

KEEP IN TOUCH WITH CLIENTS

• Return phone calls promptly (preferably within half a day).
• Communicate regularly and provide periodic status reports. Sending “case update” letters is a good way to do this. Point out new cases, developments, and trends. Provide mission statements and, if applicable, send the client newsletters and brochures. Use illustrations and graphics to make the issues easier to understand.
• Keep the client informed. Send the client a copy of all correspondence, memoranda, pleadings, briefs, and other meaningful documents.
• Schedule individual meetings as needed.
• Do not delay the delivery of bad news. Breaking the news sooner rather than later can help defuse the situation before it gets out of control.
• Treat the client as a partner. Bring clients into strategy development and include them in decision-making. Keep in mind that ultimately it is the client’s case.
• Treat the client as an important customer. Get feedback.
• Document everything. This protects both you and your client.
• Do the work within the time promised.
• Give clients value for their money.
• Conduct exit interviews and/or have clients fill out questionnaires about their experience with your firm.
Client screening is an important part of risk management. Sometimes the best way to prevent a claim is to decline to represent a potentially troublesome client in the first place. All seasoned practitioners know there are some prospective clients who are best shown the door.

Following are some characteristics of high-risk clients:

- Clients who have had multiple lawyers or who have been rejected by every other lawyer on the block.
- Clients looking for a free lawyer or the cheapest lawyer available.
- Clients who quibble about your fee or who do not pay the retainer when requested.
- Clients who are high rollers and want to cut you in on the action.
- Clients who have unreasonable expectations or who seek relief no court can grant. Example: “I know this is a multi-million dollar case. I saw someone on Jenny Jones who had a claim like mine, and they recovered $1 million. My case is even better.”
- Cases with extreme time pressure.
- Clients who make unreasonable demands of you or who ask you to engage in unethical or illegal behavior.
- Clients looking for a shoulder to cry on or who need psychological counseling more than legal counseling. Remember you are not a shrink.
- Perpetual victims.
- Clients suing on principle.
- Overzealous clients driven by a need for vengeance or vindication. Example: “I don’t care how much it costs as long as you make that jerk’s life a living Hell!”
- Clients who have done research on their own.
- Clients who know enough about the law to make your life miserable. They may refuse to follow your advice because they think they know more about the law than you do.
- Clients who want to tell you how to run the case.
- Clients who habitually lie.
- Clients who are abusive, rude, mean, overly argumentative, or who threaten you or your staff.
- Clients with rotten attitudes about lawyers, courts, and the legal system in general.
- Two or more clients seeking joint representation.
- Social contacts such as friends, relatives, drinking buddies, etc. The emotional entanglements will only make your job harder. Besides, these clients might simply be looking for free legal advice.

When interviewing a potential client, listen to your gut. What is your first impression of the person? Is this someone you feel like you can work with? You may want to enlist your support staff to help interview and evaluate new clients.

Consider another bit of advice from Elihu Root, “About half of the practice of a decent lawyer is telling would-be clients that they are damned fools and should stop.” Regardless of how badly you need the business, no client is worth the headaches of a malpractice suit.
Interview Form
Personal Injury

1. Personal and Family History

Full Name: ______________________________________________________________
Home address: ___________________________________________________________
Business address: _________________________________________________________
_______________________________________________________________________
Home phone: ______________________ Business phone: ________________________
E-Mail: _________________________________________________________________

2. Details of Injury or Accident

Date of Incident: _________________________________________________________
Location of Accident: ______________________________________________________________________
________________________________________________________________________________________
Out of State: Yes or No

Names and addresses (if known) of potential defendants:
_____________________________________________________________________________________
Out of State: Yes or No

Names and addresses (if known) of potential witnesses:
_____________________________________________________________________________________
Out of State: Yes or No

Will suit need to be filed out of State? Yes or No
If yes, which state: ______________________________________________________________________
Attorney signature acknowledging out of state status: ________________________________

3. List all other names by which you have ever been known. Include marital and maiden names, nicknames, and aliases:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

4. List the addresses where you have resided during the past 10 years. Indicate the period of time at each residence, including dates:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Statute of Limitations
Out of State case: Yes or No
State accident occurred in: ______
SOL Date: __________________
SOL Date has been confirmed by: (attorney’s name) _____________
SOL date has been docketed by: (staff name) _________________
5. **Place and Date of Birth:** ____________________________________________________

6. **Are you presently married?**  Yes  No  (Circle One)

   Date of Marriage: ____________  Place of Marriage: _______________________
   Full name of spouse: ______________________________________________________
   Have you ever been divorced or legally separated? Provide details:
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

7. **List the names, ages, and addresses of everyone, including children, who are dependent upon you for support, and your relationship to each:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Age</th>
<th>Relationship</th>
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8. **Employment History**

   Social Security Number: _____________________________________________________
   Most Recent Employer: _____________________________________________________
   Employer Address: _________________________________________________________

   Beginning Date: _________________  Ending Date: _______________________
   Job Description: ____________________________
   Beginning Pay Rate: _________________  Current Pay Rate: _________________
   Have you ever missed work due to your injuries?  Yes  No  (Circle One)
   If yes, list the dates you were unable to work:
   From: _________________  To: _________________
   Reason for leaving job: ____________________________________________________

   Employer Prior to last one listed: __________________________________________
   Prior Employer’s Address: _________________________________________________

   Beginning Date: _________________  Ending Date: _______________________
   Job Description: ____________________________
   Beginning Pay Rate: _________________  Ending Pay Rate: _________________
   Have you ever missed work due to your injuries?  Yes  No  (Circle One)
   If yes, list the dates you were unable to work:
   From: _________________  To: _________________
   Reason for leaving job: ____________________________________________________
Employer Prior to last one listed: ____________________________________________

Prior Employer’s Address: ________________________________________________

_______________________________________________________________________

Beginning Date: ____________________ Ending Date: _____________________

Job Description: _________________________________________________________

Beginning Pay Rate: ______________ Ending Pay Rate: _________________

Have you ever missed work due to your injuries?   Yes   No  (Circle One)

If yes, list the dates you were unable to work:

From: _______________   To: _______________

Reason for leaving job: ____________________________________________________

[Have client bring in Tax Returns for prior years.]

9. Education

List your highest educational level (high school, college, graduate school, professional training) with the name/address of the institution(s):

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Do you have any special job training?  Describe: _________________________________

________________________________________________________________________________________

10. Military Background

Have you ever been in the military?    Yes     No     (Circle One)

Service Number: ______________ Type of Discharge: _______________________

Branch: _____________________ Dates of Service: _________________________

Have you had any service-related injuries/disabilities? Explain: _______________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Percentage of Disability: _________

Present condition of service-related injury/disability: _______________________

Do you receive payments for service-related injuries?   Yes   No     (Circle One)

If yes, explain: _____________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Have you ever been rejected for military service because of physical, mental, or other reasons?   Yes   No  (Circle One)

If yes, explain: _____________________________________________________________

________________________________________________________________________________________
11. **Prior Claims and Lawsuits**

*(Our adversaries will inquire about your history of legal claims and lawsuits. It is important that you disclose your complete history to us. It is not fatal if you have been involved in prior legal actions. You won’t be penalized by a court or jury if the claims were reasonable and genuine.)*

List every claim you have ever made for personal injury or property damage. Give details. (Attach additional page if necessary.)

<table>
<thead>
<tr>
<th>Date</th>
<th>Nature of Claim</th>
<th>Against Whom</th>
<th>Result</th>
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12. **Police Record**

*(The defense will investigate your background. We must be prepared against any unfavorable evidence that is uncovered. Evidence of prior criminal acts might be used against you at trial, no matter how mitigating the circumstances.)*

List all prior arrest information:

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<th>Date</th>
<th>Place</th>
<th>Charge</th>
<th>Result</th>
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13. **Workers’ Compensation**

Have you ever made a claim for workers’ compensation? _________________________

What was your injury? _________________________ Date of injury: _____________

Are you presently receiving payments? Yes No (Circle One) If yes, explain: _________________

Who is handling your workers’ compensation action? ____________________________

Are you receiving disability payments from sources other than worker’s compensation? Yes No (Circle One) If yes, explain: _________________

14. **Prior Physical Conditions**

List every physical examination you ever had during the last 10 years for any purpose, including employment, promotion, insurance, selective service, and armed forces. (Attach additional page if necessary.)

<table>
<thead>
<tr>
<th>Date</th>
<th>Place</th>
<th>Name of Doctor</th>
<th>Purpose</th>
<th>Result</th>
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15. **Prior Accidents and Injuries**

*(Failure to mention other accidents or injuries can undermine a lawsuit, no matter how trivial they may seem.)*

List all prior accidents, whether they resulted in a claim for damages or not.

<table>
<thead>
<tr>
<th>Date</th>
<th>Place</th>
<th>Nature of Accident</th>
<th>Extent of Injuries</th>
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16. **Illness or Disease**

*(We must know about all prior illnesses, either before or since your accident. This is particularly true if there is any connection with your present physical complaints. The defendant will have access to a complete history of your past physical condition as well as your veteran’s records, insurance records, and medical/hospital records.)*

<table>
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<tr>
<th>Date</th>
<th>Nature of Illness:</th>
<th>Duration:</th>
<th>Treated by:</th>
<th>Hospitalized?</th>
<th>When?</th>
<th>Name/address of hospital:</th>
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<th>Treated by:</th>
<th>Hospitalized?</th>
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</table>
Date: ____________ Nature of Illness: _______________________________
Duration: ________________ Treated by: _____________________________
Hospitalized? __________ When? ________________________________
Name/address of hospital: ___________________________________ 

Have you ever had trouble with your eyes? ____________ Ears? ______________
Please check all that apply:
Glasses/contacts: ________ Artificial eye: ________ Hearing aid: ________
Have you ever worn a brace or back and neck support? __________________
Have you ever worked with radioactive substances, asbestos, or any other substance alleged to cause diseases, such as cancer? __________________
Have you ever been denied health or life insurance? _________ 
If so, by which company? Give details: ____________________________ 
____________________________________________________________________
____________________________________________________________________

Have you ever been treated for alcoholism, drug addiction or venereal disease?
___________________________________________________________

17. The Injury

State all injuries known to be a result of the accident: ________________________________
____________________________________________________________________________
____________________________________________________________________________

Length of time confined to bed: _________________________________________________
Length of time confined to house: ______________________________________________
State present physical conditions, including scars, disabilities, deformities and discomforts due to the injuries: ________________________________

____________________________________________________________________________
____________________________________________________________________________

18. Physicians and Surgeons

List all physicians and surgeons you have seen (attach additional page if necessary):

Name: _________________________________________________________________
Address: ______________________________________________________________
Nature of treatment: _____________________________________________________
Still under care? Explain: ________________________________________________

Name: _________________________________________________________________
Address: ______________________________________________________________
Nature of treatment: _____________________________________________________
Still under care? Explain: ________________________________________________
Name: _________________________________________________________________
Address: ________________________________________________________________
Nature of treatment: ______________________________________________________
Still under care? Explain: __________________________________________________

Name: _________________________________________________________________
Address: ________________________________________________________________
Nature of treatment: ______________________________________________________
Still under care? Explain: __________________________________________________

Name: _________________________________________________________________
Address: ________________________________________________________________
Nature of treatment: ______________________________________________________
Still under care? Explain: __________________________________________________

19. Nurses, Therapists and Health Care Professionals

List all nurses, therapists, and health care professionals other than doctors and surgeons that you have seen (attach additional page if necessary):

Name: _________________________________________________________________
Address: ________________________________________________________________
Nature of treatment: ______________________________________________________
Still under care? Explain: __________________________________________________

Name: _________________________________________________________________
Address: ________________________________________________________________
Nature of treatment: ______________________________________________________
Still under care? Explain: __________________________________________________

Name: _________________________________________________________________
Address: ________________________________________________________________
Nature of treatment: ______________________________________________________
Still under care? Explain: __________________________________________________

20. Calendar Information

Has client been served with pleadings? Yes No (Circle One)
When is response due? ____________________________________________________
Statute of limitations expires: _____________________________________________
Enter case and upcoming activity in of office calendar system: ______________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

ATTACH TO THIS INTERVIEW FORM:

Medical Authorization
Fee Agreement
Interview Form
Domestic Relations

Date: ______________

1. **Personal Information**

Name: _________________________________________________________________
Address: _______________________________________________________________
Home Phone: ___________________ Work phone: ___________________________
Place of work: ___________________ Occupation: ___________________________
Date of Birth: ___________________ Date Married: _______________________
Where (city, county, state): _________________________________________________
Date of Separation: _____________ Referral to our office: _______________________

2. **Spouse's Information**

Name: _________________________________________________________________
Address: _______________________________________________________________
Home Phone: ___________________ Work phone: ___________________________
Place of work: ___________________ Occupation: ___________________________
Date of Birth: ___________________

3. **Prior Divorces**

Dates of prior divorces: _________________________________________________
Please check all that apply:
Separation agreement: ______ Divorce decree: ______ Custody/Support order: ______

4. **Children of the Marriage**

Name: Date of Birth:
________________________________________________________________________________________
________________________________________________________________________________________
Do you or your spouse have any children outside the marriage? ______________
Name: Date of Birth:
________________________________________________________________________________________
________________________________________________________________________________________

Your income: _______ net/month _______ gross/month
Opposing party's income: _______ net/month _______ gross/month

Are you a military veteran or in active service? Give details: ____________________________
Is your spouse a veteran or in active service? Give details: ____________________________________________
____________________________________________________________________________________________

5. Medical

Your general health: ________________________________________________________________
Any specific medical problems: ______________________________________________________
Disabilities: ______________________________________________________________________

Your spouse’s general health: ________________________________________________________
Any specific medical problems: ______________________________________________________
Disabilities: ______________________________________________________________________

6. Financial

[Use Financial Affidavit or detailed form for collecting property information. Following are some topics to cover.]

Vehicle (year/make/model): Monthly payment: In whose name?
____________________________________________________________________________________
____________________________________________________________________________________
Name of bank(s) where you have accounts: ______________________________________________
____________________________________________________________________________________
Name of bank(s) where your spouse has accounts: ________________________________________
____________________________________________________________________________________

7. Residence

Location: __________________________________________________________________________
____________________________________________________________________________________
Rent or own? ___________________ Time lived there: ____________________________
Whose name residence in: __________________________________________________________
Mortgagee/lender: _________________________________________________________________
Monthly payment: _________________________________________________________________
Mortgage balance: _________________________________________________________________
Estimated net market value: __________________________________________________________
Other real property: _________________________________________________________________
Whose name under: _________________________________________________________________
Mortgagee/lender: _________________________________________________________________
Monthly payment: _________________________________________________________________
Mortgage balance: _________________________________________________________________
Estimated net market value: __________________________________________________________
Intangible property (stocks, bonds, etc.): ______________________________________________
Other sources of income: ____________________________________________________________
List all bankcards, charge cards, and revolving credit cards.

<table>
<thead>
<tr>
<th>Account</th>
<th>Whose Name</th>
<th>Balance</th>
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List all pensions, military benefits, retirement accounts for you and your spouse.

List other debts and liabilities.

[Bring in Income Tax Returns for the past 5 years.]
Prospective Client Questionnaire

Name (include maiden or other marital name): ________________________________________
Home Address: ________________________________________________________________
Date of Birth: ____________________ Home phone: _________________________________

Name of Employer: _______________________________ Position: ______________________
Employer address: ______________________________________________________________
Employer phone: _______________________________________________________________
Where you prefer to be contacted: _________________________________________________

Spouse’s name: _________________________________________________________________
Opposing party name and address: _________________________________________________

Name of associated and/or related parties: _________________________________________
Name of current opposing counsel: _________________________________________________
Address: ______________________________________________________________________

Please state briefly the nature of the problem you wish to discuss with this office.

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Please check type of legal category that applies:

Domestic/Family Law: _____  Auto Accident: _____
Other personal injury: _____  Criminal: _________
Employment problem: _____  Juvenile case: ______
Estates or wills: __________  Traffic ticket: ______

Have you or any member of your family been seen by anyone in this office? Yes No (Circle One)
If yes, state person’s name and nature of the legal matter with which he/she assisted.

______________________________________________________________________________________________

How you were referred:

Phone: ______  Advertising: _____  Former client: ______
Bar referral: _____  Court assignment: _____  Other lawyer: ______
Optional: A consultation fee of $50 is due at the time of your initial visit. Our office accepts Visa and MasterCard for your convenience.

Optional: for client to sign: “I understand that no legal relationship was created by my visit because my case was not accepted by this office.”

Signature: ____________________________________ Date:_____________________

For Office Use Only:

Initial Interview Date: ________________ Type of Case: ______________________
Initial Interview By: ________________ Case Assigned to: ______________________
Client referred by: ________________ Nonengagement: ______________________
Office File no.: ________________ Court file no.: ______________________
Deadlines: ______________________ Conflicts check: ______________________

Notes: ______________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
OFFICE INTAKE: FORM A
NEW CLIENT

Today’s Date: _____________________

Client’s full name: ______________________________________________________________
Date of Birth: _________________ Social Security No. _____________________________

Spouse’s full name: _____________________________________________________________
Date of Birth: _________________ Social Security No. _____________________________

Street Address: _________________________________________________________________
City: ________________________ State: __________ Zip Code: _______________________

Home phone: ______________    Client work: ______________    Spouse work:___________

Client’s employer: ______________________________________________________________

Spouse’s employer: _____________________________________________________________

Emergency Contacts:
Name: ___________________________ Relationship: ______________ Phone no.: ______________
____________________________________________________________________________________________
____________________________________________________________________________________________

Referred by: _____________________ Conference with attorney regarding: ________________

OFFICE USE ONLY:
Primary Attorney: _____________________________ Hour: ___________________
Attorney 2: _____________________________ Hour: ___________________
Attorney 3: _____________________________ Hour: ___________________
Paralegal: _____________________________ Hour: ___________________

Fee Type:
C – contingency    F – fixed    R- retainer    T- time/expense

Billing Frequency:
M – monthly    Q – quarterly    S – semi-annually    O – other

Checklist:
Conflicts Check: _______ Fee Contract: _______ First Appearance due: _______
Statute of Limitations Deadline: _______ Other deadlines: _______
File Review Frequency: _______ Instructions: _______

Intake sheet prepared by: _____________________________ Date: _______________
Conflicts checked by: _____________________________ Date: _______________
Deadlines docketed by: _____________________________ Date: _______________
# Office Intake: Form B

## New Client

### Client Information

<table>
<thead>
<tr>
<th>File No.</th>
<th>Date Opened:</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Client:</th>
<th>Address:</th>
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<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
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<th>Work Phone:</th>
<th>Home Phone:</th>
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<th>New Client:</th>
<th>Previous Client:</th>
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### Case Information

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<th>Claim No.:</th>
<th>Insured:</th>
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<table>
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<tr>
<th>Contact Name:</th>
<th>Referred by:</th>
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<tr>
<th>Originating Attorney:</th>
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<table>
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<tr>
<th>Billing Attorney:</th>
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<table>
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<tr>
<th>Supervising Attorney:</th>
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### Fee Arrangements

<table>
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<tr>
<th>Hourly Rate:</th>
<th>Standard:</th>
<th>Other:</th>
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<table>
<thead>
<tr>
<th>Flat fee of $</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Hourly rate of $ plus contingent (Check Below):</th>
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</thead>
<tbody>
<tr>
<td>Contingent Fee of _______ % of amount</td>
</tr>
<tr>
<td>Recovered:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Fee to be determined on basis of all relevant factors:</td>
</tr>
<tr>
<td>Retainer of $________ per Month _____ Year _____</td>
</tr>
<tr>
<td>Number of hours of service covered by retainer:</td>
</tr>
<tr>
<td>Excess hours to be billed at rate of $_______________ per hour</td>
</tr>
<tr>
<td>Other:</td>
</tr>
<tr>
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</table>
### Billing Arrangements

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Monthly</th>
<th>Quarterly</th>
<th>Completion</th>
<th>Other:</th>
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</thead>
</table>

Retainer of $ _______________

Minimum fee (to firm account): _______________

Apply to final statement (to trust account): __________________

Apply as earned (trust account): __________________

Special: ______________________________________

### Invoice Formats

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<tr>
<th>Feature</th>
<th>Yes</th>
<th>No</th>
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<td>Print past due message</td>
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<tr>
<td>Print initials</td>
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<tr>
<td>Service charge</td>
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<tr>
<td>Cover statement</td>
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</tbody>
</table>

### Conflict Information

Client and other parties associated with client: ____________________________________________

Adverse parties: ____________________________________________

Names associated with other files for this client: ________________________________________

### Case Type

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>10</td>
<td>Estate Planning</td>
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<tr>
<td>11</td>
<td>Estate administrations</td>
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<tr>
<td>12</td>
<td>Wills</td>
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<tr>
<td>13</td>
<td>Guardianship</td>
</tr>
<tr>
<td>20</td>
<td>Residential real estate</td>
</tr>
<tr>
<td>21</td>
<td>Commercial real estate</td>
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<tr>
<td>23</td>
<td>Environment law</td>
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<tr>
<td>24</td>
<td>Foreclosures</td>
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<tr>
<td>30</td>
<td>Personal injury — pl.</td>
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<tr>
<td>31</td>
<td>Personal injury — def.</td>
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<td>32</td>
<td>Personal injury — other</td>
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<tr>
<td>33</td>
<td>Product liability</td>
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<tr>
<td>34</td>
<td>Contracts – litigation</td>
</tr>
<tr>
<td>35</td>
<td>Other litigation</td>
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<tr>
<td>40</td>
<td>Worker’s compensation</td>
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<td>41</td>
<td>Employment law</td>
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<td>Employee plans</td>
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<td>Incorporation</td>
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<td>52</td>
<td>Non-profits</td>
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<td>Limited liability company</td>
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<td>General corporate matters</td>
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<td>55</td>
<td>Tax – individual</td>
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<td>56</td>
<td>Tax – business</td>
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<td>57</td>
<td>Banking</td>
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<td>Collections</td>
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<td>Other business</td>
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Other: ____________________________