POHL
ATTORNEYS AT LAW

INDIVIDUAL CLIENT INTAKE FORM

File Number: ______________________________ Date Form Completed: ______________________

New Client ☐ Prior Client ☐

Individual Client: ____ SSN: _______________________

Date of Birth: ________________

Spouse of Client: ____ SSN: _______________________

Date of Birth: ________________

Client's Address: ____

____

____

Home Telephone Number: ____

Client's Cell Phone Number: ____

Spouse's Cell Phone Number: ____

Client's Personal Email Address: ____

Spouse's Personal Email Address: ____

Dependents (Name, Relationship, Sex and Age)

____

____

____

____

Client's Employer: ____

Client's Work Telephone Number:__________________________________

Client's Work Email Address: _____________________________________

Spouse's Employer: ____

Spouse's Work Telephone Number:__________________________________

Spouse's Work Email Address: _____________________________________

Insurance Information: ____

Emergency Contact(s): (Name) (Relationship) (Telephone)

____

Case Name and Number: ____

____

Area of Law (Check one or more)

☐ Incorporation
☐ Bankruptcy
☐ Contracts
☐ Employment Issue_
☐ Commercial Lease
☐ Real Estate Finance
☐ Other Business Issue
☐ Tax Exempt/Non-Profit Issue
☐ Civil Litigation Issue
☐ Personal Injury
☐ Collection Matter
☐ Securities
☐ Tax Matter
☐ Workers' Compensation

Other: ____

____

____

Originating Attorney: ____

Assigned Attorney(s): ____

Referred by: ____

INITIAL AND DATE FOLLOWIING ITEMS WHEN COMPLETED

Conflict Check: ____________________________________ Fee Contract: _______________________

Engagement Letter: ________________________________ Docket Entered: _____________________

Statute of Limitations/Time Deadline: ____