

CLIENT IN-TAKE FORM

Client Name: _____ File No. _____

Billing Name: _____ Date Opened: _____

Primary Phone: () _____ () New Client () Existing Client

Alternate Phone: () _____

Fax: () _____

Email: _____

Client Address: _____

City: _____

State: _____

Zip: _____

Billing Address: (If different from above)

City: _____ State: _____ Zip: _____

Client's Identifying Information:

Date of Birth: _____

Driver's License # and State: _____

Do you have a CDL? _____

Where you born in the United States? Y / N

Social Security #: _____

Credit Card #: | | | | - | | | | - | | | | - | | | |

Expiration Date: (dd/yy) ____/____

3 Digit Pin #: | | | |

Information About Your Case:

Court Date: _____

Charge(s): _____

Description of Case: _____

Conflicts Check Completed –Sign and Date

All Plaintiffs/ Victims

All Other Defendant's Charged

Note any conflict resolutions necessary or restrictions (if None, so state): _____

Client's Criminal Record: (if none, so state) _____

Client's Immigration Status: (if US citizen, please so state) _____

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Return by email to Taylor@connerlawfirm.com or by fax to 888-720-0596