



Date: \_\_\_\_\_

File No: \_\_\_\_\_

**CLIENT INTAKE SHEET (GENERAL)**

PLEASE FILL IN THE REQUESTED INFORMATION TO THE BEST OF YOUR ABILITY.  
ALL GATHERED INFORMATION IS CONFIDENTIAL.

**CLIENT(S) INFORMATION**

FULL NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX:  M  F

COMPANY: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

STREET/PO BOX CITY STATE ZIP COUNTY

PHYSICAL ADDRESS: \_\_\_\_\_

(IF DIFFERENT) STREET/PO BOX CITY STATE ZIP COUNTY

FULL NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX:  M  F

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(IF DIFFERENT) STREET/PO BOX CITY STATE ZIP COUNTY

I WANT TO RECEIVE MY BILL VIA EMAIL  I AUTHORIZE E-MAILS CONCERNING MY CASE.

I AUTHORIZE E-MAILS FROM LH&T OF GENERAL INTEREST AND NEWSLETTERS

**OPPOSING PARTY INFORMATION (FOR CONTESTED MATTERS)**

FULL NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX:  M  F

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

STREET/PO BOX CITY STATE ZIP COUNTY

**HOW WERE YOU REFERRED TO US?**

I AM A PREVIOUS CLIENT  OFFICE SIGN  FIRM WEBSITE

SEMINAR OR CLINIC  BAR ASSOCIATION WEBSITE  SOCIAL MEDIA

PERSONAL REFERRAL FROM: \_\_\_\_\_  OTHER: \_\_\_\_\_

Office Use Only:  
Interviewing Attorney: \_\_\_\_\_  
Fee Quoted: \_\_\_\_\_

Conflict Check (Staff): \_\_\_\_\_  
Conflict Check (Attorney): \_\_\_\_\_

See other Side →

**LEGAL SERVICES NEEDED:**

PLEASE BRIEFLY DESCRIBE YOUR LEGAL MATTER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THE QUESTIONS I HAVE FOR MY ATTORNEY ARE THE FOLLOWING:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE IDENTIFY ALL PARTIES AND THEIR RELATIONSHIP INVOLVED IN YOUR LEGAL MATTER:**

- 1. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_
- 2. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_
- 3. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_
- 4. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**PERSON FINANCIALLY RESPONSIBLE FOR LEGAL SERVICES (IF NOT YOU):**

FULL NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX:  M  F

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
STREET/PO BOX CITY STATE ZIP COUNTY

**IF A BUSINESS OR INSURANCE CARRIER IS FINANCIALLY RESPONSIBLE:**

NAME OF BUSINESS OR INSURANCE CARRIER: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_  
NAME ADDRESS PHONE

- I am looking for ongoing legal assistance in my case.
- I am only in need of Consultation Services, which I understand will be billed at the Attorney’s rate at the conclusion of consultative services. I am aware that Associate Attorneys charge an hourly rate of \$190 per hour. Partner Attorneys charge an hourly rate of \$220 per hour. Senior Partner Attorneys charge an hourly rate of \$280 per hour. All probate matters are billed at \$240 per hour.

***I have provided the information above to the best of my ability and affirm that it is truthful. I understand that this document does not create an attorney-client relationship. An attorney-client relationship is only created by an agreement signed by yourself and an attorney with L&H.***

I HAVE READ THE FOREGOING AND AGREE:

\_\_\_\_\_  
*Signature*

DATE: \_\_\_\_\_

\_\_\_\_\_  
*Signature*

DATE: \_\_\_\_\_