

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

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



# LEDIN, HOFSTAD, TROTH & FLEMING LTD

## CLIENT INTAKE SHEET (GENERAL)

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

### CLIENT INFORMATION

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX:  M  F  
LAST FIRST MIDDLE

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

SOCIAL SECURITY NUMBER: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ OR TAX ID: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ MOBILE: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ @ \_\_\_\_\_

I AUTHORIZE E-MAILS CONCERNING MY CASE.  I AUTHORIZE E-MAILS OF GENERAL INTEREST AND NEWSLETTERS FROM LHT&F.

EMPLOYMENT: \_\_\_\_\_  
NAME OF EMPLOYER EMPLOYER'S ADDRESS

SPOUSE'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX:  M  F  
LAST FIRST MIDDLE

ADDRESS (IF DIFFERENT): \_\_\_\_\_  
STREET/PO BOX CITY STATE ZIP COUNTY

SOCIAL SECURITY NUMBER: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ OR TAX ID: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ MOBILE: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ @ \_\_\_\_\_

I AUTHORIZE E-MAILS CONCERNING MY CASE.  I AUTHORIZE E-MAILS OF GENERAL INTEREST AND NEWSLETTERS FROM LHT&F.

EMPLOYMENT: \_\_\_\_\_  
NAME OF EMPLOYER EMPLOYER'S ADDRESS

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: \_\_\_\_\_

COST ESTIMATE QUOTED: \_\_\_\_\_

RETAINER QUOTED: \_\_\_\_\_

CONFLICT CHECK (STAFF): \_\_\_\_\_ INI: \_\_\_\_\_

CONFLICT CHECK (ATTORNEY): \_\_\_\_\_ INI: \_\_\_\_\_

INTERNAL CLIO ACCOUNT CREATED: \_\_\_\_\_ INI: \_\_\_\_\_

CLIENT E-FILE ACCESS GRANTED: \_\_\_\_\_ INI: \_\_\_\_\_

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

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX:  M  F  
LAST FIRST MIDDLE

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

PHONE NUMBER: ( ) MOBILE: ( )

E-MAIL ADDRESS: \_\_\_\_\_@\_\_\_\_\_

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

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

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

**EMERGENCY CONTACT PERSON:**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX:  M  F  
LAST FIRST MIDDLE

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

PHONE NUMBER: ( ) MOBILE: ( )

E-MAIL ADDRESS: \_\_\_\_\_@\_\_\_\_\_

IN THE EVENT I CANNOT BE REACHED FOR ANY REASON, I AUTHORIZE LHT&F TO CONTACT THIS PERSON IN ORDER TO REACH ME.

**LEGAL SERVICES NEEDED:**

PLEASE DESCRIBE THE LEGAL HELP YOU REQUIRE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE IDENTIFY ALL PERSONS AND BUSINESSES INVOLVED IN YOUR LEGAL MATTER:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE BRIEFLY DESCRIBE YOUR CONCERNS IN YOUR LEGAL MATTER:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THE QUESTIONS I HAVE FOR MY ATTORNEY ARE THE FOLLOWING:

OFFICE USE ONLY:

INTERVIEWING ATTORNEY: \_\_\_\_\_  
FEE QUOTED: \_\_\_\_\_  
COST ESTIMATE QUOTED: \_\_\_\_\_  
RETAINER QUOTED: \_\_\_\_\_

CONFLICT CHECK (STAFF): \_\_\_\_\_ INI: \_\_\_\_\_  
CONFLICT CHECK (ATTORNEY): \_\_\_\_\_ INI: \_\_\_\_\_  
INTERNAL CLIO ACCOUNT CREATED: \_\_\_\_\_ INI: \_\_\_\_\_  
CLIENT E-FILE ACCESS GRANTED: \_\_\_\_\_ INI: \_\_\_\_\_

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ANY OTHER COMMENTS:

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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. THIS RATE IS SET BY THE ATTORNEY AT: \_\_\_\_\_.

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 LHT&F.

I HAVE READ THE FOREGOING AND AGREE:

\_\_\_\_\_  
SIGNATURE

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

\_\_\_\_\_  
SIGNATURE

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

OFFICE USE ONLY:

INTERVIEWING ATTORNEY: \_\_\_\_\_

FEE QUOTED: \_\_\_\_\_

COST ESTIMATE QUOTED: \_\_\_\_\_

RETAINER QUOTED: \_\_\_\_\_

CONFLICT CHECK (STAFF): \_\_\_\_\_ INI: \_\_\_\_\_

CONFLICT CHECK (ATTORNEY): \_\_\_\_\_ INI: \_\_\_\_\_

INTERNAL CLIO ACCOUNT CREATED: \_\_\_\_\_ INI: \_\_\_\_\_

CLIENT E-FILE ACCESS GRANTED: \_\_\_\_\_ INI: \_\_\_\_\_