



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

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

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

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

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

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

**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

- I AUTHORIZE E-MAILS CONCERNING MY CASE.  I AUTHORIZE E-MAILS OF GENERAL INTEREST AND NEWSLETTERS  
 I WANT TO RECEIVE MY BILL VIA EMAIL

**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 LHT&F.***

I HAVE READ THE FOREGOING AND AGREE:

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

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

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

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

**Pine City Office**  
539 Main Street South  
Pine City, MN 55063  
Ph: 320-629-7537

**Hinckley Office**  
208 Fire Monument Road  
Hinckley, MN 55037  
Fax: 320-629-2479

**North Branch Office**  
38877 10th Avenue, Suite D  
North Branch, MN 55056  
Phone: 651-237-1010