

Date: _____



LEDIN, HOFSTAD,
& TROTH
LTD

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 LHT&F.

I HAVE READ THE FOREGOING AND AGREE:

Signature

DATE: _____

Signature

DATE: _____