

Client Intake Form

Client(s): _____ D/O/B: _____
_____ D/O/B: _____

Address: _____ Home Phone: _____
_____ Work Phone: _____

Place of Employment: _____

Emergency Contact (Name and Telephone):

Name of Opposing Counsel (if any): _____

Please state briefly the nature of the problem you wish to discuss with the Attorney:

I understand that this intake form does not form the Attorney-Client relationship, and serves only to gather client information prior to the initial consultation. I understand that the Attorney-Client relationship is formed only after (1) I sign a Fee agreement; (2) I pay an Advanced Deposit / Retainer, if applicable; and (3) the Attorney, issues me an Engagement Letter. I understand that in Folk Law Group, PLLC offers a half (1/2) hour initial consultation without charge. I understand that this half hour is designed to help the Attorney understand the nature of my legal issue, but not designed to serve as a vehicle for free legal advice. I understand that time spent in excess of this half (1/2) hour initial consultation will subject me to charges at Attorney’s standard hourly rate. I agree that any applicable charges will be due and payable immediately after consultation.

CLIENT SIGNATURE

To be completed by staff:

Engagement or Non-Engagement Letter: _____ Fee Contract: _____

Prescription/Time Deadline/Hearing Date: _____

Conflicts Check: _____ File Created: _____ File Number: _____