

**INTAKE FORM FOR POTENTIAL NEW CLIENT**

**CONTACT INFORMATION**

Current address:

\_\_\_\_\_

Phone number: (     ) \_\_\_\_\_ - \_\_\_\_\_

Cell phone number: (     ) \_\_\_\_\_ - \_\_\_\_\_

Work phone number: (     ) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

Best way to reach potential client:

\_\_\_\_\_

**BACKGROUND INFORMATION**

Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Marital status: \_\_\_\_\_

If married: place and date of marriage:

\_\_\_\_\_

Name of spouse 1:

\_\_\_\_\_

Spouse's date and place of birth:

\_\_\_\_\_

Spouse's social security

number: \_\_\_\_\_

\_\_\_\_\_

1 The spouse also may be, and often is, a potential client on a derivative or loss of consortium claim.