

BARNES LAW OFFICE, PLLC
CLIENT INTAKE SHEET

FILE NUMBER: _____ **DATE OF INCIDENT:** _____
NEW CLIENT: [] **PRIOR CLIENT:** []

CLIENT: _____
SPOUSE: _____

ADDRESS: _____
HOME TELEPHONE: _____

CLIENT EMPLOYER: _____
TELEPHONE: _____
SPOUSE EMPLOYER: _____
TELEPHONE: _____

INSURANCE INFORMATION:

EMERGENCY CONTACT(S): (NAME) (RELATIONSHIP) (TELEPHONE)

AREA OF LAW: _____

ORIGINATING ATTORNEY: _____

ASSIGNED ATTORNEY(S): _____

REFERRED BY (CLIENT OR ATTORNEY?): _____

Initial and date the following items when completed:

CONFLICT CHECK: _____ **FEE CONTRACT:** _____

ENGAGEMENT LETTER: _____ **DOCKET ENTERED:** _____

STATUTE OF LIMITATIONS/TIME DEADLINE: _____

**RELEVANT
FACTS:** _____

