



**ADAM B.
LAWLER**
LAW FIRM LLC

PROSPECTIVE CLIENT INTAKE FORM

All information you provide will remain confidential and privileged, so please answer all questions fully and accurately.

Full name: _____ Maiden name (If applicable): _____

Full name: _____ Maiden name (If applicable): _____

Date of birth: _____ Place of Birth: _____ Age: _____ Gender: M F

Telephone: (H) _____ (M) _____ (W) _____ Fax: _____

Which telephone number(s) should be used during the day? Home Mobile Work

Which telephone number(s) may be used for leaving messages? Home Mobile Work

Home address: _____ City, State, Zip: _____

Work address: _____ City, State, Zip: _____

Which address should correspondence and statements be sent to? Home Work Email

May we correspond with you by e-mail? Yes No E-mail address: _____

Employer: _____ Position: _____

Typical work schedule: _____

BUSINESS CLIENT INFORMATION ONLY: *(If client is a business, please fill out this portion)*

Business name: _____

Address: _____ City, State, Zip: _____

Month and year business started: _____

Business type: Sole Proprietorship Partnership
 Limited Partnership LLC
 Corporation – State of Corporation: _____

What is the nature of the legal representation required:

Contractual Dispute	Will and/or Trust
Guardianship	Real Estate Transaction
Business Matter (Incorporation, etc.)	Estate Dispute
Other (Please specify): _____	

Are you responding to a complaint? _____

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