

MICHAEL S. EDWARDS, ATTORNEY AT LAW, PLLC

CLIENT INTAKE INFORMATION

DATE: _____

CLIENT FULL NAME: _____ DATE OF BIRTH: ____/____/____

SSN: _____ DRIVER'S LICENSE NUMBER: _____ STATE _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: HOME (____) _____ WORK (____) _____ CELL (____) _____

E-MAIL (for legal correspondence only): _____

OCCUPATION: _____

EMPLOYER: _____ HOW LONG? _____

EMPLOYER'S ADDRESS: _____ PHONE: (____) _____

SPOUSE/GUARDIAN/RELATIVE/OTHER (please circle one): _____
(INCLUDE NAME, TELEPHONE NO. & ADDRESS)

EMERGENCY CONTACT INFORMATION:

(NAME, TELEPHONE NO. & ADDRESS OF PERSON WE CAN CONTACT IF UNABLE TO REACH YOU)

REFERRED BY: _____
(NAME & TELEPHONE NO.)

HAVE YOU RETAINED THIS FIRM BEFORE? _____ YEAR: _____

IF SO, PLEASE STATE YOUR PREVIOUS CASE: _____

CASE INFORMATION - REQUIRED

BRIEF EXPLANATION OF NEW MATTER FOR WHICH LEGAL REPRESENTATION IS SOUGHT:

METHOD OF PAYMENT FOR RETAINER - DUE AT TIME OF APPOINTMENT

VISA ____ MASTERCARD ____ DISCOVER ____ AM.EXP. ____ CHECK ____ CASH ____
THIRD PARTY _____

(NAME, TELEPHONE NO. & ADDRESS OF PERSON RESPONSIBLE FOR PAYMENT)