

GENERAL INTAKE FORM

CONFIDENTIAL INTAKE INFORMATION	Interview Date _____	Initial Consultation Fee _____
	Conflict Check _____	Conflict Check Date _____
	Rate Quoted _____	Estimate Quoted _____
	Down Payment Quoted _____	Down Payment Paid _____
	Retainer Signed _____	Date Retained _____
	Strategy Session _____	Entered MyCase _____
	Follow up sent _____	Non-engagement sent _____
	90 Day Credit Date _____	DCR _____

Today's Date: _____

Please complete this form as completely and accurately as you can. All information that you provide will be held in strict confidence. Please use additional sheets, if necessary.

ABOUT YOU:

Your Full Legal Name: _____

Other names used in past: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Mailing Address if different: _____

Phone: Home () _____ Cell () _____ Work () _____

Do you use social media? Yes No List: _____

Languages Speak Fluently English Spanish Other _____ Primary Language _____

Email Address: _____

- I authorize emails concerning my case.
- I authorize emails of general interest from The Law Office of Tonya N. Gibbs, PLC
- Traffic related matters, I authorize The Law Office of Tonya N. Gibbs, to obtain a copy of my driving record.

May we contact you concerning your case via: Phone Text Message

Preferred Method(s) of Contact: _____

Employer: _____

Monthly Income Amount: _____ Other Source of Income: _____

Date of Birth: _____ SSN# _____

Driver's License#: _____ Expiration Date: _____

Marital Status: _____

Spouse Name: _____ Phone: _____

Are you a U.S. Citizen? If not, what is your status? _____

Highest Level of Education Completed: Highschool Some College 2 year degree 4 year degree Graduate School Post-graduate school Technical/Vocational Did not finish highschool Other _____

Military: Yes No Branch: _____ Active Reservists Retired N/A

BUSINESS CLIENT INFORMATION ONLY:

(If client is a business, please fill out this portion, also)

Business Name: _____

Other Names (DBA etc.): _____

Address: _____

City: State: Zip: _____

County: _____

Month and Year Business Started: _____

Business Type:

____ Sole Proprietorship _____ Partnership _____ Unsure

____ Limited Partnership (are you general or limited partner? _____

____ Corporation – State of Incorporation: _____

____ LLC – Member/Manager Managed? _____

What role/job to you have with this business entity (How do you represent this business? (such as: owner, CEO, etc) _____

Telephone Number(s):

Office: _____

Cellular: _____

Fax: _____

Email: _____

Website: _____

Other contact person (if applicable): _____

What is the nature of the business conducted?:

EMERGENCY CONTACT INFORMATION (Relative or friend who can always contact you):

Name: _____ Phone: _____

Relationship: _____

Address: _____

WHAT BRINGS YOU TO THE OFFICE TODAY?:

I am interested in being represented individually: ____ Yes ____ No

I am interested in representation on behalf of a business entity: ____ Yes ____ No

Please state in general the legal matters or issues for which you may need legal representation:

Please list your 3 **main** concerns or questions regarding this matter:

- 1. _____
- 2. _____
- 3. _____

What are your expectations for the outcome of this matter? _____

Please classify your urgency in concluding this matter? (check one):

- Critical** – Personal safety or continuation of business depends on it; I have to be in court tomorrow.
- Very Important** – Severe hardship, personal or financial inconvenience if this matter is not resolved quickly.
- Important** – Matter interferes with business or personal financial stability.
- Needs to be done, but no immediate hardship or rush.
- Just thought I'd see if it was worth pursuing, but not ready to hire an attorney at this time.
- Just thought I'd see if it was worth pursuing and I am ready to hire an attorney.
- Just want to know my rights, I will get back to you if I decide to pursue this.

INFORMATION KNOWN ABOUT ADVERSE PARTIES: (If applicable)

Full Name: _____
 Address: _____
 Other information: _____

DETAILS REGARDING THE RELATIONSHIP AT ISSUE: (Check all that apply)

Describe your relationship with the Opposing Party:

___ Amicable ___ Don't Get Along ___ Intensely Hostile ___ Financial /other misrepresentations or fraud

INFORMATION KNOWN ABOUT THIRD PARTIES: (If applicable)

Names, telephone numbers, and relationship of all Third Parties (including co-inventors, coauthors, partners, employers, witnesses, etc.) with knowledge of the matter (if necessary):

COURT INFORMATION: (If applicable)

List upcoming Court dates: _____

List County of Court: _____

List upcoming filing deadlines: _____

List urgent problems: _____

Have you filed a complaint, petition, motion or any other document related to this issue? Yes/No, List: _____

Has the Other Party filed a complaint, petition, motion or any other document related to this issue? Yes/No List: _____

Were you served with papers? Yes/No When? _____

Have you served Other Party with papers? Yes/No When? _____

What else would you like to tell us?: _____

OTHER:

1. Have you contacted any other attorneys concerning this matter? _____

2. If yes, what are the attorney's names? _____

3. What was the result of your contact with the other attorneys, if you did not hire them, why not?

4. Have you ever been represented by an attorney before? If yes, please state the circumstances:

ATTORNEY FEES/COURT COSTS:

How will attorney fees be paid? _____

Who will be responsible for Court costs? (Client, Spouse, Relative, Other) _____

HOW DID YOU HEAR ABOUT OUR LAW OFFICE?

Referred by: _____

Internet, Website (which website if you recall): _____

Other: _____

PLEASE ACKNOWLEDGE EACH OF THE FOLLOWING IMPORTANT STATEMENTS & SIGN:

I have completed this form as fully and accurately as possible and have not knowingly provided any false statements.

I understand that to make the most out of my session, I must return this form at least 48 hours before my appointment.

I understand that my initial consultation or strategy session fee is due prior, to the start of the office session; if my session is conducted by phone, the fee must be received within 48 hours of my appointment or the appointment will automatically be cancelled.

I understand that there are legal deadlines for filing and answering claims, and that The Law Office of Tonya N. Gibbs, PLC, does not agree to advise me of those deadlines based on the information in this Intake Form, and that The Law Office of Tonya N. Gibbs, PLC, does not agree to do anything on my behalf at this time.

I understand that this form is for informational and assessment purposes only, is not a contract for legal services and does not constitute an agreement to represent me. Representation, if so desired, shall be provided upon the execution of a formal written client agreement and payment of a deposit or fee.

Signature

Date