

Initial Client Consultation Intake Form

Date Form Completed:
New Client
Existing Client
Marital Relationship: Single Married Divorced Widowed Separated
Client: SS# Male Female
Have you ever used, or been known by, any other name than that shown above?
Yes No
If yes, list here each other name, and state when and why each other name was used:
Citizenship: United States Other:
Spouse: SS# Male Female
Have you ever used, or been known by, any other name than that shown above?
Yes No
If yes, list here each other name, and state when and why each other name was used:
Citizenship: United States Other:

Client Address:	
Home Telephone:	May we contact you at this number? Yes No
Cell Phone:	May we contact you at this number? Yes No
Email Address:	
Spouse Address:	
Same as address above	
Home Telephone:	May we contact you at this number?YesNo
Cell Phone:	May we contact you at this number? Yes No
Email Address:	
Client Employer:	
Telephone:	May we contact you at this number? Yes No
Spouse Employer:	
	May we contact you at this number? Yes No
List the names and ages of all	children:
Child:	
Child:	
Child:	
Child:	Age:
Child:	Age:
List the names and ages of all	stepchildren:
Child:	Age:

Briefly explain what you may need advice about or assistance with today:		
Are there any other parties involved?		
Party:	Relationship:	
Have you ever been represented by an If yes, please state the law firm/attorne	<u> </u>	
How did you learn about Arnold & Ar. Firm Website Friend/Collea Other:	gue Former Client Bar Referral	
Generally a majority of our communication via email?	ation is done via mail. Are you willing to accept non-	