

# Lawyers *toGo*

A Professional Limited Company

## *Client Intake Sheet*

**DATE:** \_\_\_\_\_ *official use, file no.:* \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **LAST:** \_\_\_\_\_

**PHONE:** (H) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work Direct) \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**CITY/STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**EMPLOYER NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_ **SUPERVISOR:** \_\_\_\_\_

**REFERRED BY:** \_\_\_\_\_

**YOUR CLOSEST RELATIVE:** \_\_\_\_\_

**THEIR RELATION TO YOU:** \_\_\_\_\_

**RELATIVE'S ADDRESS:** \_\_\_\_\_

**CITY/STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**RELATIVE'S PHONE:** (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

**DATE OF ACCIDENT:** \_\_\_\_\_

**LOCATION OF ACCIDENT:** \_\_\_\_\_ (cross-streets)

**COUNTY WHERE OCCURRED:** \_\_\_\_\_

**PREFERRED TIME OF COMMUNICATION:** \_\_\_\_\_

**PREFERRED METHOD OF COMMUNICATION:** \_\_\_\_\_

Mail To: 423 Rogers Avenue, Suite 104 OR Fax to: 303.749.2313  
Fort Smith, Arkansas 72901

*If you have a preferred time or method of communication, please specify above. It is imperative to your case that we be able to contact you quickly. Thank you.*