

GENERAL CLIENT INTAKE SHEET

Ligon Law Office

CLIENT NAME: _____

Address: _____

Phone: () _____ CODE

Fax: () _____

Email: _____

Services requested: _____

Case Pending: _____

Referred by: _____

Special Instructions/Known Deadlines: _____

OFFICE INFORMATION

Re: _____

Court: _____

Judge: _____

Contact (clerk/sec.): _____

Address: _____

Phone: () _____

Fax: () _____

Contract: _____ / _____

Sent

Returned

Rate: \$ _____ /Hr **Contingent:** _____ %

Retainer: \$ _____ .00 **Limit:** \$ _____ .00

Information sheet needed/date sent:

Divorce _____

Estate Planning _____

Probate _____

Deadlines/Comments: _____

ADVERSE PARTY: _____

Address: _____

Phone: () _____

Email: () _____

REPRESENTED BY: _____

Address: _____

Phone: () _____

Fax: () _____

Email: _____

Comments: _____

Address: _____

Phone: () _____

Fax: () _____

Comments: _____

OTHERS

NAME: _____

Connection with File: _____

Address: _____

Phone: () _____

Email: () _____

NAME: _____

Connection with File: _____

Address: _____

Phone: () _____

Email: () _____