**[A green sign with white text

Description automatically generated with low confidence](https://www.smartsheet.com/try-it?trp=10851&utm_source=integrated-content&utm_campaign=/content/client-intake-form-template&utm_medium=Legal+Client+Intake+Form+doc+10851&lpa=Legal+Client+Intake+Form+doc+10851)LEGAL CLIENT INTAKE FORM TEMPLATE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| DATE OF CONSULTATION | ATTENDING ASSOCIATE |  | | PREVIOUS CLIENT STATUS | REFERRED BY |  |
|  |  | | |  |  | |
| CLIENT INFORMATION | | |  |  |  |  |
| LAST NAME |  | FIRST NAME | |  | MIDDLE NAME/INITIAL |  |
| ALIASES |  | U.S. CITIZENSHIP STATUS | |  | COUNTRY OF CITIZENSHIP  (IF NOT U.S.) |  |
| DATE OF BIRTH |  | PLACE OF BIRTH | |  | SOCIAL SECURITY NUMBER |  |
| DRIVER'S LICENSE NUMBER |  | CURRENT RESIDENTIAL ADDRESS | |  | | |
| HOME PHONE |  | CELL PHONE | |  | WORK PHONE |  |
| EMAIL ADDRESS |  | | | | CONSENT TO CONTACT |  |
| PREFERRED METHOD OF CONTACT FOR LEGAL CORRESPONDENCE | | |  | | | |
| MAY WE SEND DOCUMENTS TO THE ABOVE ADDRESS?  (If no, please provide an alternate address.) | | |  | | | |
| EMPLOYMENT INFORMATION | | |  |  |  |  |
| CURRENT EMPLOYER |  | | | JOB TITLE |  | |
| EMPLOYMENT ADDRESS |  | | | | | |
| ANNUAL SALARY |  | | | | | |
| SPOUSE'S NAME  (including maiden name if applicable): |  | | | | | |
| SPOUSE'S  DATE OF BIRTH |  | | | SPOUSE'S EMPLOYER |  | |
| SPOUSE'S ADDRESS  (if different from your own) |  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| AUTHORIZED RECIPIENT OF CASE INFORMATION | | | |  |  |  |
| FULL NAME |  | | | | | |
| RELATIONSHIP |  | | | | | |
| CONTACT INFORMATION |  | | | | | |
| LEGAL MATTER INFORMATION | | |  |  |  |  |
| *DESCRIPTION OF THE LEGAL ISSUE* | |  | |  |  |  |
|  | | | | | | |
| *GOALS FOR LEGAL REPRESENTATION* | | |  |  |  |  |
|  | | | | | | |
| *DETAILS OF OTHER INVOLVED PARTIES (NAME, RELATIONSHIP, CONTACT INFO)* | | | | |  |  |
|  | | | | | | |
|  |  |  | |  |  |  |
| URGENCY OF THE MATTER (Rate from 1-5, with 5 being critically important) | | |  | | | |
| DO YOU HAVE RELEVANT DOCUMENTS? (If yes, describe them.) | | |  | | | |
| ARE YOU CURRENTLY REPRESENTED BY AN ATTORNEY? | | |  | | | |
| REASON FOR SEEKING ADDITIONAL COUNSEL (IF APPLICABLE) | | |  | | | |
| NAME OF CURRENT ATTORNEY | | |  | | | |
| NAME OF CURRENT LAW FIRM | | |  | | | |
| ADDITIONAL CONTEXT | | |  | | | |
| ADDITIONAL NOTES | | |  |  |  |  |
|  | | | | | | |

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