

GWIN STEINMETZ & BAIRD PLLC

Date: _____

CLIENT INTAKE FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Do you own your home or rent? _____

Have you ever filed bankruptcy? _____ If yes, when and was it a 13, 11 or 7? _____

Have you ever been convicted of a crime? _____ If yes, what was the crime? _____

Have you ever been involved in a lawsuit? _____ If yes, what was it about? _____

Telephone # (h) _____ (Cell) _____ (Work) _____

Email Address (where personal information can be sent, including monthly billings) _____

Please tell us how you heard about our Firm.

- () Website
- () Phone Book
- () Referral from Client (If so, please give client's name: _____)
- () Referral from Attorney (if so, please give attorney's name: _____)
- () Other: _____

FOR ATTORNEY USE ONLY

In Reference to: _____ (case style)

Opposing Party: _____

Originating Attorney: _____ Working attorney: _____ Billing Attorney: _____

BILLING TYPE:

Hourly _____ (Rate \$ _____/Retainer \$ _____) signed agreement attached.

Contingent _____ (signed agreement attached)

Flat (Amount \$ _____) (costs separate ____ or included _____)

Special Instructions: _____

Projected Fees: \$ _____ Projected Expenses: \$ _____
