



EINTERZ & EINTERZ
PREVENTING PROBLEMS | PROVIDING SOLUTIONS

NEW CLIENT INTAKE FORM

DATE: _____

CLIENT

Primary Contact

| | | | | | | | |
|--|-------|------|-----|-----|------|-------|--------|
| | Mr. | Mrs. | Ms. | Dr. | Last | First | Middle |
| | Title | | | | | | |

Company

| | | | | |
|--|-----------------|--|--|-----------------------|
| | Registered Name | | | State of Registration |
| | | | | |

Estate/Other

| | | | |
|--|--|--|--|
| | | | |
| | | | |

Primary Address

| | | | | | | |
|---------|--|--|--|------|-------|-----|
| Address | | | | City | State | Zip |
| | | | | | | |

Billing Address (If Different from Primary Address)

| | | | | | | |
|---------|--|--|--|------|-------|-----|
| Address | | | | City | State | Zip |
| | | | | | | |

Phone

| | | | |
|------|------|------|-----|
| Work | Home | Cell | Fax |
| | | | |

e-mail

| | |
|------|----------|
| Work | Personal |
| | |

Credit



Preferred Payment Method

| | | | |
|-----------------------------------|-----------------|--------------------|-----|
| Name as it appears on credit card | | | |
| | | | |
| Billing Address | City | State | Zip |
| | | | |
| Card Number | Expiration Date | Card Security Code | |
| | | | |

Check

| | |
|---------------------|----------------|
| Name on the Account | Bank |
| Account Number | Routing Number |

Category of Legal Issue or Question

| | | |
|---|--|---|
| <input type="checkbox"/> Civil Rights | <input type="checkbox"/> Guardianship | <input type="checkbox"/> Negligence |
| <input type="checkbox"/> Construction Law | <input type="checkbox"/> Health Care | <input type="checkbox"/> Real Property Rights |
| <input type="checkbox"/> Contract Law | <input type="checkbox"/> Insurance | <input type="checkbox"/> Wills, Trusts, & Estates |
| <input type="checkbox"/> Corporate Law | <input type="checkbox"/> Landlord/Tenant | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Employment & Labor | <input type="checkbox"/> Medical Malpractice | <input type="checkbox"/> Wrongful Death |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Municipal Law | <input type="checkbox"/> Zoning/Annexation |
| <input type="checkbox"/> Other: _____ | | |

Description of Legal Question/Issue

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