



CLIENT INTAKE FORM

Thank you for visiting the Shelbourne Law Firm! Please provide us with some basic information about yourself so that we may better serve you. If you are completing this form for someone else, please provide information for the individual that would be our client. For more information about the Shelbourne Law Firm or to download forms, view FAQs or make payments please visit www.shelbournelaw.com. If you are an existing client but have not provided us with updated contact information in the past year, please provide us with your current information so that we may update our records.

DATE OF CONSULTATION: \_\_\_\_\_ HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

REASON FOR CONSULTATION: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_
STREET CITY STATE ZIP

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL (required): \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

SPOUSE: \_\_\_\_\_ SS#: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL (required): \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

ARE YOU OR YOUR SPOUSE A MEMBER OF A LEGAL PLAN? \_\_\_\_ yes \_\_\_\_ no

BILLING ADDRESS (if different than above): \_\_\_\_\_

Were you in an accident? If so, state the date of the accident: \_\_\_\_\_

If this involves a contested matter please provide the name(s) of any opposing party(ies):

If this involves real estate, please provide the address of the property if different from above:

If you are completing this form for someone else, please provide us with your name and phone number:

If there are additional people who may be involved in this matter with you, please complete a separate Client Intake Form for each additional party.

OFFICE USE ONLY

PROSPECTIVE CLIENT \_\_\_\_\_ NEW CLIENT: \_\_\_\_\_ FEE: \_\_\_\_\_

WORK TO COMPLETE: \_\_\_\_\_

MATTER NO.: \_\_\_\_\_

**MATTER NO.:** \_\_\_\_\_