



Today's Date:

Initial Client Intake Form

ARE YOU A: (Please check one) NEW CLIENT: FORMER CLIENT:

IF FORMER CLIENT, YEAR TYPE OF CASE:

REFERRED BY or WHERE YOU LEARNED OF OUR OFFICE: [Click here to enter text.](#)

WHAT TYPE OF LEGAL ISSUE ARE YOU INQUIRING ABOUT TODAY: [Click here to enter text.](#)

DO YOU HAVE A PRE-NUPTIAL AGREEMENT RIGHT NOW? [Click here to enter text.](#)

ABOUT YOU:

FULL LEGAL NAME: [Click here to enter text.](#) NICKNAME: [Click here to enter text.](#)

PHYSICAL ADDRESS:

Street City State Zip Code

MAILING ADDRESS:

(If Different) Street City State Zip Code

COUNTY OF RESIDENCE FOR LAST 30 DAYS: [Click here to enter text.](#) STATE OF RESIDENCE FOR LAST 6 MONTHS: [Click here to enter text.](#)

HOME PHONE:

FAX NUMBER:

CELL PHONE:

EMAIL ADDRESS: [Click here to enter text.](#) OCCUPATION:

EMPLOYER:

WORK PHONE: [Click here to enter text.](#)

ADDRESS:

Street City State Zip Code

LIST ANY RESTRICTIONS AS TO WHERE AND/OR WHEN OUR OFFICE CAN CONTACT YOU:
[Click here to enter text.](#)

NAME AND CONTACT INFO FOR ANOTHER PERSON WE CAN CONTACT, IF WE CAN'T REACH YOU:

DID LEGAL AID EVER REPRESENT YOU OR THE OPPOSING PARTY FROM 1997- end of 2000

DID MELISSA DeLACERDA EVER REPRESENT YOU OR THE OPPOSING PARTY FROM 2001 – end of 2004

IF THERE IS A CURRENT CASE PENDING AND YOU ARE SEEKING OUR HELP IN THAT CASE: (Yes or No)

CASE NUMBER: COUNTY: ASSIGNED JUDGE:

TYPE OF CASE: [Click here to enter text.](#) DATE YOU WERE SERVED: [Click here to enter text.](#) NEXT COURT DATE: [Click here to enter text.](#)

WHAT DO YOU EXPECT TO HAPPEN AT THE NEXT COURT DATE:

HAVE YOU BEEN REPRESENTED BY AN ATTORNEY UP UNTIL NOW:

IF SO, BY WHOM: [Click here to enter text.](#)

HAS THAT ATTORNEY WITHDRAWN FROM YOUR CASE:[Click here to enter text.](#)

WHO IS THE OPPOSING ATTORNEY IN THIS CASE: [Click here to enter text.](#)

WHAT HAS BEEN DONE TO DATE IN YOUR CASE:[Click here to enter text.](#)

WHAT IS THE NEXT STEP TO BE DONE: [Click here to enter text.](#)

IF APPLICABLE:

OPPOSING PARTY'S FULL LEGAL NAME:[Click here to enter text.](#)

OPPOSING PARTY'S RELATIONSHIP TO YOU: [Click here to enter text.](#)

PHYSICAL ADDRESS:[Click here to enter text.](#)

Street City State Zip Code

MAILING ADDRESS:[Click here to enter text.](#)

(If Different) Street City State Zip Code

COUNTY OF RESIDENCE FOR LAST 30 DAYS: STATE OF RESIDENCE FOR LAST 6 MONTHS:[Click here to enter text.](#) HOME PHONE:[Click here to enter text.](#)

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OCCUPATION:[Click here to enter text.](#) EMPLOYER:[Click here to enter text.](#)

ADDRESS:[Click here to enter text.](#) WORK PHONE:[Click here to enter text.](#)
Street City State Zip Code

YOUR EXPECTATIONS:

LIST WHAT YOU WOULD LIKE TO HAVE ACCOMPLISHED WITH MY HELP:
