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CLIENT INTAKE SHEET

REFERRED BY: _____ **TODAY'S DATE:** _____

CLIENT'S FULL NAME: _____ SSN #: _____

DOB: _____ PLACE OF BIRTH: _____

MAIDEN NAME: _____

STREET ADDRESS: _____

CITY / STATE: _____ ZIPCODE: _____

EMAIL: _____

WOULD YOU LIKE YOUR DOCUMENTS EMAILED?: Y N

PHONE #: _____ WORK: _____ HOME: _____

DRIVER'S LICENSE #: _____ STATE ISSUED: _____

CLIENT'S LEGAL MATTER: _____ **DOCKET #:** _____

DATE OF MARRIAGE: _____ PLACE OF MARRIAGE: _____

DATE OF SEPARATION: _____

CHILDREN:

CHILD 1 NAME: _____

DOB: _____

CHILD 2 NAME: _____

DOB: _____

CHILD 3 NAME: _____

DOB: _____

PARENT'S NAMES:

CLIENT'S EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

OPPOSING PARTY:

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ PHONE #: _____

ATTORNEY'S NAME: _____ PHONE #: _____

ADDRESS: _____

FOR OFFICE USE ONLY:

HOURLY RATE: _____ **RETAINER:** _____