

LEGAL CLIENT INTAKE FORM TEMPLATE

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DATE

TENDING ASSOCIATE

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IS THIS A PREVIOUS CLIENT?

REFERRED BY

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CLIENT ONBOARD INFORMATION

NAME		HOME ADDRESS	
CELL PHONE			
ALT. PHONE			
EMAIL		WORK ADDRESS	
SOCIAL SECURITY NUMBER			
DATE OF BIRTH			

LEGAL CASE OVERVIEW

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VIOLATION INFORMATION

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NOTES

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PAYMENT INFORMATION

PAYMENT TO		PAYMENT DATE	
RECEIPT NUMBER		AMOUNT PAID	
PAYMENT METHOD			
RECEIVED FROM		RECEIVED BY	
ACCOUNT INFO			PAYMENT PERIOD
ACCT BALANCE	THIS PAYMENT	BALANCE DUE	FROM
			THROUGH
PAYMENT FOR			ADDITIONAL INFO
			THANK YOU

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