

SAMPLE BASIC CLIENT INTAKE FORM



1. Client _____ Date _____

File No. _____ Responsible Attorney _____

2. Contact _____

Address _____ Phone _____

_____ Fax _____

_____ Email _____

3. Matter (for file tab) _____

Summary description of work to be performed _____

4. Adverse Party (and Affiliates) _____ Opposing Counsel (Name & Address) _____

5. Assigned Attorney _____

6. Fee Arrangements: Engagement Letter Sent? Yes No - Reason _____

Send Bill To: _____ Bill: Monthly Upon Completion

(Name) _____ Retainer \$ _____

(Address) _____ Hourly

_____ Contingent

_____ Fixed Fee \$ _____

7. *Conflicts Check completed by _____ (*File cannot be opened if incomplete)

*Conflicts Database updated by _____

*New Client Memo circulated by _____

8. Calendaring - File Review Frequency (___) 30 Days (___) 60 Days

If subject to a Statute of Limitations: Applicable Statute _____

S.O.L. Date _____ *Verified by _____ (Attorney Initials)

9. Source of Business _____

NOTE: This material is intended as only an example which you may use in developing your own form. It is not considered legal advice and as always, you will need to do your own research to make your own conclusions with regard to the laws and ethical opinions of your jurisdiction. In no event will ALPS be liable for any direct, indirect, or consequential damages resulting from the use of this material.

Visit <https://www.alpsinsurance.com> for more free resources.

SAMPLE BASIC CLIENT INTAKE FORM



10. Notes:

A series of horizontal lines for handwritten notes.

NOTE: This material is intended as only an example which you may use in developing your own form. It is not considered legal advice and as always, you will need to do your own research to make your own conclusions with regard to the laws and ethical opinions of your jurisdiction. In no event will ALPS be liable for any direct, indirect, or consequential damages resulting from the use of this material.

Visit <https://www.alpsinsurance.com> for more free resources.