

THE LAW OFFICE OF J.B. THOMAS & ASSOCIATES

CLIENT INTAKE SHEET

Date _____ How were you referred to this office? _____

CLIENT INFORMATION (PLAINTIFF)

Name (First, Middle, Last, Maiden) _____

Address (Street, City, State, Zip) _____

Phone Number (Home) _____ (Work) _____ (Cell) _____

SSN _____ Age _____

Highest Level of Education Completed _____

Date of Birth (mm/dd/yyyy) _____ Place of Birth (City, State) _____

Military (Yes/No) _____ Branch of Service _____

INFORMATION ABOUT THE OTHER PARTY

Name (First, Middle, Last, Maiden) _____

Address (Street, City, State, Zip) _____

Phone Number (Home) _____ (Work) _____ (Cell) _____

Is this your first experience engaging the services of an attorney? _____

If no, please explain previous services engaged: _____

BRIEF DESCRIPTION OF FACTS

General nature of the issue for which you seek legal advice:

