



Law Offices
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General Client Intake Form

This form is used to collect information about potential Clients, and it will be used for internal purposes only.

Please complete the following information:

Full Name: _____

Address: _____

Phone Number: _____

Email: _____

Please select the legal matter that brings you to us.

- | | | |
|--|----------------------------------|--|
| <input type="checkbox"/> Estate Planning | <input type="checkbox"/> Probate | <input type="checkbox"/> Community Association |
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Wills | <input type="checkbox"/> Other _____ |

Please tell us what you are seeking:

- | | | |
|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Legal representation | <input type="checkbox"/> Legal Advice | <input type="checkbox"/> Other: _____ |
|---|---------------------------------------|---------------------------------------|

Are an ARAG Member? Yes No

If you answer is yes, please provide the following:

ARAG Member#: _____

Case Assist Confirmation Number: _____

