

**CLIENT INTAKE SHEET** SIPPEL LAW FIRM PLLC Date: \_\_\_\_\_

*We value your privacy. The following information is for our records only, and will not be shared with, or given to anyone not part of our Offices with out your permission, or as required by law.*

**YOU:** \_\_\_\_\_  
 First Middle Last Date of birth —SSN—

**Spouse:** \_\_\_\_\_  
 (Significant other) First Middle Last Date of birth —SSN—

**Any other Names used in last 6 years?:** \_\_\_\_\_

**Mailing** \_\_\_\_\_  
 Street City State Zip

**Physical** \_\_\_\_\_  
 Street City State Zip

**Phones / Contact Info:**

Work / Day		Fax	
Home / Eve		<b>Email</b>	
Cell / Mssg		Text Mssg	YES <input type="checkbox"/> NO <input type="checkbox"/>

**How did you**  Website/Internet  Yellow page  Friend Relative: \_\_\_\_\_  
**hear about us**

**Who referred** Brief Description of Reason for Consult: \_\_\_\_\_  
**you?**

**Other Parties / Conflicts involved:** \_\_\_\_\_

I understand that this is an INITIAL CONSULTATION ONLY. I understand that the Attorney shall not act as my attorney unless I hire said Attorney, sign a written fee Agreement, and make a payment.

Signature _____ Date _____	Signature _____ Date _____
Orig. Atty: _____ Resp. Atty _____ Rate: _____	<b>TM</b> Code: Contact Client /Other: _____
Retainer Quote: _____	Matter Code: _____
Paid: _____	Matter Description _____
2d Conflicts Check: Who _____ Date _____	Time Slips. _____
Date File Opened: _____ <b>SOL?</b> _____	WP: _____
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