



New Client Intake Sheet

PLEASE COMPLETE AND EMAIL TO EDIE@EDIELAW.COM PRIOR TO INITIAL APPOINTMENT. IF NOT POSSIBLE PLEASE FILL OUT AND BRING WITH.

New Client:  Prior Client: 

Date Form Completed: _____

Client Information

Name: _____ S.S.#: _____

Date of Birth: _____

Address:

Home Telephone: _____ Work Telephone: _____

Employer Name: _____

Employer Address: _____

Emergency Contact(s): (Name) (Relationship) (Telephone)

Marital Status: Single  Married  Divorced  Separated 

Case Name/ Number (If known): _____

Area of Law: _____

County: _____

Originating Attorney (if any): _____

Spouse Information


Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

Referred By: Rogoway Law Client  Name: _____

Attorney  Name: _____

Other  _____

Questions for the Attorney:

Please provide a brief description of your legal issues including any pertinent dates, parties and the nature of the case (employment, personal injury, etc.):

FOR OFFICE USE ONLY

Initial and date the following items when completed:

Conflict Check: _____ Fee Agreement: _____
Engagement Letter: _____ Docket Entered: _____
Statute Of Limitations/Time Deadline: _____