



LAW OFFICE OF

JUAN C MARTINEZ

**Client Intake Form**

\*Today's Date: \_\_\_\_\_ \*Case Type: \_\_\_\_\_

\*Client Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

\*Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

\*Email: \_\_\_\_\_ DL#: \_\_\_\_\_

Gender: Male/Female \*DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Marital Status:                      Single                      Married                      Divorced                      Widowed

Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Hourly Pay: \_\_\_\_\_ Yearly Pay: \_\_\_\_\_

Address: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Spouse Name (if applicable): \_\_\_\_\_

\*Emergency Contact: \_\_\_\_\_ \*Phone #: \_\_\_\_\_

\*Referred By: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Notes: \_\_\_\_\_

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Rate: \_\_\_\_\_ Retainer: \_\_\_\_\_ Attorney/Paralegal: \_\_\_\_\_

Info from Client: \_\_\_\_\_