

**The Law Office of D. Cole Phelps, PLLC
Client Intake Form**

Today's Date: _____ Court Date (if applicable): _____

How you were referred to our office (Check One): Newspaper: _____ Solicitation Letter: _____

Online: _____ Former client: _____ Court appointed: _____ Another lawyer: _____

Please check one or the other: Are you a new client? _____ Are you a former client? _____

Full Name (first, middle, last): _____

Mailing Address (Street Number, Street Name, City, State, Zip):

Date of Birth: _____ Age: _____ Sex: _____ Race: _____

Driver's License Number: _____ State: _____ SSN: _____

Phone Number (s): _____

Email Address: _____

Name of Employer: _____ Position: _____

Employer address: _____

Employer phone: _____

Alternate Contact (Name, Relationship and Phone Number):

1. _____
2. _____

How do you prefer to be contacted: _____

Opposing party name and address (if applicable):

Name of associated and/or related parties: _____

Name of current opposing counsel: _____

Please check type of legal category that applies:

Domestic/Family Law: _____ Personal injury: _____ Criminal: _____ Real Estate _____

Juvenile case: _____ Estates or wills: _____ Traffic ticket: _____ Other: _____

A consultation fee of \$100.00 is due at the time of your initial visit. Our office accepts cash, money orders, cashier's checks, Visa and MasterCard for your convenience. There are no exceptions to this policy.

"I understand that no legal relationship with Attorney Phelps was created by my visit until this firm accepts my case and I have retained this firm in full."

Signature: _____ Date: _____