



Sample Client Intake Form

1. Client _____ Date _____
File No. _____ Responsible Attorney _____
2. Contact _____
Address _____ Phone _____
_____ Fax _____
_____ Email _____
3. Matter (for file tab) _____
Summary description of our work _____

4. Adverse Party (and Affiliates) _____ Opposing Counsel (Name & Address) _____

5. Assigned Attorney _____
6. Fee Arrangements: Engagement Letter Sent? () Yes () No - Reason _____
Send Bill To: _____ Bill: () Monthly () Upon Completion

(Name) () Retainer \$ _____

(Address) () Hourly

() Contingent

() Fixed Fee \$ _____
7. *Conflicts Check completed by _____ (*File can not be
*Conflicts Database updated by _____ opened if incomplete)
*New Client Memo circulated by _____
8. Calendaring File Review Frequency () 30 Days () 60 Days
If subject to a Statute of Limitations: Applicable Statute _____
S.O.L. Date _____ *Verified by _____ (Attorney Initials)
9. Source of Business _____

NOTE: This material is intended as only an example which you may use in developing your own form. It is not considered legal advice and as always, you will need to do your own research to make your own conclusions with regard to the laws and ethical opinions of your jurisdiction. In no event will **ALPS** be liable for any direct, indirect, or consequential damages resulting from the use of this material.