

## **Client Intake Sheet**

Thank you for choosing Washington Law Offices, P.C. Please fill out the form below and email to <a href="mailto:maudia@ilwashingtonlaw.com">maudia@ilwashingtonlaw.com</a> and bring a copy to your first visit.

New Client: Prior Client:	
File Number: I	Date:
Client Information	
Name:	S.S.#:
Birthdate:	
Address:	
Home Telephone:	Work Telephone:
Employer Address:	
Emergency Contact(s): (Name) (Relationshi	
☐ I authorize emails concerning my case.	
☐ I authorize general interest emails from Washi	ington Law Offices, P.C.
☐ I authorize a follow-up email/call regarding m	y consultation.
<u>C</u>	☐ Divorced ☐ Separated ☐
Your Case Area Of Law:	
Upcoming Hearing Dates:	
Spouse Information	
Name:	S.S.#:
Address:	
Home Telephone:	Work Telephone:
Employer Name:	
Employer Address:	
Referred By:	

Please Describe Your Problem:	
<u> </u>	
Questions:	
General Questions:	
Do you have a will?	
Individual or Business tax controversies with the IRS or Illinois Department of Treasury?	
Do you need any legal assistance for:	
□ Employment Law	
☐ Real Estate Law/Foreclosure Defense	
☐ Contract Drafting/Reviewing	
☐ Trademark/Copyrights	
□ Family Law	
<b>Disclaimer:</b> Completing this form and consulting with our attorney does not create an attorney-client	
relationship.	
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:	