

Date: _____

Jackie Russell, Attorney at Law, P.C.

CLIENT IN-TAKE FORM

Name: _____ DOB: _____ Sex: M _____ F _____
Last Name First Name Middle Name Maiden

Physical Address: _____
House # Apt. # City County State Zip

Mailing Address: _____
House # Apt. # City County State Zip

Social Security Number: _____ E-mail Address: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Driver's License Number: _____ State: _____

Place of Employment: _____ Job Title: _____

Address of Employment _____
Building Number City County State Zip

Marital Status: _____ Single _____ Married (living together) _____ Married (separated) _____ Divorced

Spouse's Name _____ DOB: _____ Sex: M _____ F _____
Last Name First Name Middle Name Maiden

Purpose of Visit: _____

Are you currently in Bankruptcy? _____ Yes _____ No If yes, which Chapter? _____ 7 _____ 13 County? _____

Are there other legal issues you need assistance with?

_____ Wills / Trusts _____ Bankruptcy _____ Family Law _____ Other _____

How Were You Referred To Us?

_____ Previous Client _____ Bar Association _____ Website _____ Billboard _____ Friend: _____

_____ Another Attorney: _____ Other: _____

I authorize emails from Jackie Russell, Attorney at Law, P.C. I authorize telephone calls from Jackie Russell, Attorney at Law, P.C.

Client's Signature

FOR OFFICE USE ONLY

Fee Quoted: _____ Down Payment: _____ Flat Fee: _____ Retainer: _____