

New Client/Matter Intake Form

Date File Opened: _____

File Number: _____ Matter Type: _____

File Name: _____

Client Name: _____

Contact Name and Title (if different): _____

Client Address: _____

Client Telephone Numbers: Work _____ Home _____ Cell _____

Client Fax Number: _____ Email Address: _____

Responsible Lawyer: _____

Billing/Fee Information

- | | |
|--|--|
| <input type="checkbox"/> Retainer: \$ _____ | Billing Cycle: |
| <input type="checkbox"/> Hourly \$ _____ | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Contingent \$ _____ | <input type="checkbox"/> Other (explain why) _____ |
| <input type="checkbox"/> Fixed Fee \$ _____ | <input type="checkbox"/> N/A |

Calendaring Information

File Review Dates:

- Every 30 days
- Every 60 days

Statute of Limitations Date:(Reminders 180, 90, 60, 30 and 15 days prior)

Verified by: _____ (Lawyer Initials)

Other Critical Dates to Calendar: _____

Calendaring Information

- Added to Calendaring System
- Conflict Search Completed
- Engagement Letter sent or Contingent Fee Agreement signed

File Opened By: _____ Date: _____