THE WORSTELL LAW FIRM

Client Intake Sheet

Instructions: *Please complete relevant sections providing information in the space provided. All information provided will be kept confidential. Please bring with you to your initial appointment.*

Date Form Completed:
New Client: [ ] **Prior Client: [ ]**

Client: SSN: DOB:

Spouse: SSN: DOB:

Address: _____

Home Telephone: _____

E-Mail Address: _____

Client Employer: _____
Telephone: _____

Spouse Employer: _____
Telephone: _____

Children: _____

Emergency Contact(s): (Name) (Relationship) (Telephone)

_____
_____

Explanation of Legal Matter and Goals:

_____
_____
_____
_____

Referred by: _____

Initial and date the following items when completed (firm use only):

Conflict Check: _____ Fee Contract: _____
Engagement Letter: _____ Docket Entered: _____
Statute of Limitations / Time Deadline: _____
Authorizations: _____ Closed Date: _____

218 NE TUDOR RD • LEE'S SUMMIT, MO • 64086
TELEPHONE: (816) 554-1113