

MORRIS & SOCKLE

ATTORNEYS AT LAW

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PARALEGALS:
JILL L. LANE
LINA PRESTON
DENNIS ISACKSON

CLIENT INTAKE SHEET

Date: _____

YOUR INFORMATION:

Full Name: _____ Maiden Name: _____

Date of Birth: _____ SSN: _____

Street Address: _____

City/State/Zip: _____

Mailing Address (if different) _____

City/State/Zip: _____

Can you receive mail from our office at this address? _____ Yes/No If no, please provide an address that you can receive mail from our office: _____

Phone: _____ (Home) _____ (Cell) _____

Email Address: _____

Employer: _____

Employer Address: _____

SPOUSE/OPPOSING PARTY:

Full Name: _____ Maiden Name: _____

Date of Birth: _____ SSN: _____

Street Address: _____

City/State/Zip: _____

Mailing Address (if different) _____

City/State/Zip: _____

Phone: _____ (Home) _____ (Cell) _____

Employer: _____

Employer Address: _____

CASE INFORMATION:

Is your spouse/opposing party represented by an attorney? _____ Yes/No

If so, please list the name of the attorney: _____

Is there a pending court action? _____ Yes/No If so, what type of action: _____

What county is your case filed? _____

Do you have any children in common with your spouse/opposing party? _____

How were you referred to our office: _____ Telephone Book _____ Radio Ad _____ TV Ad
_____ Website _____ MySpace _____ Other: _____ (what source)