****Massachusetts Law Office Management Assistance Program

www.masslomap.org

**SAMPLE CLIENT INTAKE**

Name (include maiden names or aliases):

Home address:

Home phone:       Cell phone:

Date of birth:

E-mail (provide a personal e-mail address):

Names of any businesses you’ve owned or operated:

Your current employer:

Employer address:

Employer phone:

Spouse’s name (include maiden names or aliases):

Name of opposing parties:

Name of opposing counsel:

Names of related parties:

Names of counsel for related parties:

Brief description of the problem:

How did you hear about us?

Google Search

Firm Website

Social Media

Print Advertisement

Presentation

Referred by:

Other, please specify:

Have we represented you in another matter?

If yes, what matter:

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