

# Einterz & Einterz

Preventing Problems  
Providing Solutions

## NEW CLIENT INTAKE FORM

DATE: \_\_\_\_\_

CLIENT

Primary Contact

	Mr.	Mrs.	Ms.	Dr.	Last	First	Middle
	Title						

Company

	Registered Name						State of Registration

Estate/Other


Primary Address

Address				City	State	Zip
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Billing Address (If Different from Primary Address)

Address				City	State	Zip
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Phone

Work	Home	Cell	Fax
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e-mail

Work	Personal
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Credit

Preferred Payment Method



Name as it appears on credit card						
Billing Address		City	State	Zip		
Card Number		Expiration Date		Card Security Code		

Check

Name on the Account		Bank	
Account Number		Routing Number	

Category of Legal Issue or Question

<input type="checkbox"/> Civil Rights	<input type="checkbox"/> Guardianship	<input type="checkbox"/> Negligence
<input type="checkbox"/> Construction Law	<input type="checkbox"/> Health Care	<input type="checkbox"/> Real Property Rights
<input type="checkbox"/> Contract Law	<input type="checkbox"/> Insurance	<input type="checkbox"/> Wills, Trusts, & Estates
<input type="checkbox"/> Corporate Law	<input type="checkbox"/> Landlord/Tenant	<input type="checkbox"/> Workers Compensation
<input type="checkbox"/> Employment & Labor	<input type="checkbox"/> Medical Malpractice	<input type="checkbox"/> Wrongful Death
<input type="checkbox"/> Environmental	<input type="checkbox"/> Municipal Law	<input type="checkbox"/> Zoning/Annexation
<input type="checkbox"/> Other: _____		

Description of Legal Question/Issue

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