

SK LAW GROUP
CLIENT INTAKE SHEET

CLIENT NAME _____ DATE: _____

HOME ADDRESS _____

CITY, STATE, ZIP _____

CELL PHONE (REQUIRED): _____ ALT PHONE: _____

EMAIL (REQUIRED): _____

ALT CONTACT: _____ PHONE: _____

ADDRESS (LEAVE BLANK IF SAME) _____

CITY, STATE, ZIP: _____ EMAIL: _____

COMPANY (IF APPLICABLE): _____

ADDRESS _____

PHONE: _____ EMAIL: _____

REFERRED BY: _____

DESCRIPTION OF LEGAL ISSUE:

INTERNAL USE ONLY

HOURLY FLAT FEE CONSULT CONTINGENCY

RETAINER _____ **COST DEPOSIT** _____

FLAT FEE _____

PAYMENT PLAN _____

MATTER _____

ATTY INITIALS: _____ **AUTO LIT CRIM CORP FAM EP**