

THE LAW OFFICE OF SCOTT M. HUTCHINSON

Intake Form

FILE #

- Please accurately and fully complete this form prior to your appointment.
- All information provided will be kept strictly confidential under State rules for lawyers.

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

Full Legal Name \_\_\_\_\_ SS# \_\_\_\_ -- \_\_\_\_

Spouse's Full Legal Name \_\_\_\_\_ SS# \_\_\_\_ -- \_\_\_\_

Date of Birth \_\_\_\_\_ Spouse's Date of Birth \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Mailing Address (\* if different than above): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Telephone (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Spouse's (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Personal EMAIL address \_\_\_\_\_

Spouse's EMAIL address \_\_\_\_\_

Best way to contact you? \_\_\_\_\_

Occupation \_\_\_\_\_ Employer's name \_\_\_\_\_

Spouse's Occupation \_\_\_\_\_ Employer's name \_\_\_\_\_

Emergency Contacts (\* at least one required)

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

What is the desired outcome you are looking for? \_\_\_\_\_

If we can help you with this matter, are you looking to move forward today? \_\_\_\_\_

How did you learn about our office (be specific)? \_\_\_\_\_

Have you hired a lawyer before? \_\_\_\_\_

CASE # \_\_\_\_\_