

FIEHRER & FRITSCH, LLC
CLIENT INTAKE SHEET

DATE ____/____/____

CLIENT FILE # _____
FOR OFFICE USE ONLY

NAME _____ DOB: ____/____/____ SSN: _____

ADDRESS _____ CITY _____ STATE ____ ZIP _____

TELE NO: (H) (____) _____ (C) (____) _____ (FAX) (____) _____

E-MAIL _____ (WK) (____) _____

PLEASE PRINT LEGIBLY

SPOUSE _____ SSN: _____ DOB: ____/____/____

ADDRESS (IF DIFFERENT) _____ PHONE (____) _____

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DOMESTIC RELATIONS MATTER PLEASE COMPLETE:

SEPARATION DATE: ____/____/____

DATE OF MARRIAGE: ____/____/____ CITY _____ COUNTY _____ STATE _____

CHILDREN _____ SSN: _____ DOB: ____/____/____

CHILDREN _____ SSN: _____ DOB: ____/____/____

CHILDREN _____ SSN: _____ DOB: ____/____/____

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CRIMINAL/TRAFFIC MATTER PLEASE COMPLETE:

IF TRAFFIC, INSURANCE SHOWN? YES NO

OFFENSE(S) _____ DATE OF OCCURRENCE: ____/____/____

COURT _____ HEARING DATE: ____/____/____ CONTINUED? YES NO

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HOW DID YOU LOCATE US: PHONE BOOK / INTERNET / WEBSITE / OTHER _____ **HAVE YOU VIEW OUR WEB SITE?** YES NO

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DO NOT COMPLETE BELOW

REFERRED BY: _____

PRIOR CRIMINAL CONVICTIONS _____

PRIOR TRAFFIC CONVICTIONS _____

QUOTE: FEES \$ _____ COST \$ _____ CK CA CC DATE: ____/____/____