

CLIENT INTAKE SHEET – CIVIL CASE

Case number: _____ Client is: Plaintiff Defendant Client is: Person(s) Business Entity

Client is: Sole Client Main Client of Group numbering: _____ Client # _____ of this group Member of Class Action

Name:		SSN:		Sex:	
DOB: ___/___/___		POB:		Religion:	
Address:		Apt/Ste:		Cmp/Sb:	
City:		Co:		St: Zip: -- Own/Rnt/Rsd:Yrs:	
Phones: (H): () -		(other): () -		X	
Pager: () -		Fax: () -		Cell Phone: () -	
E-Mail:		Website:		ICQ/UIN:	
Place of Employment:		Title:		Supervisor:	
Nature of work:					
Address:				Reachable at work? Y / N	
City:		St:		Zip: -- E-Mail:	
Phones:() -		Website:		ICQ/UIN:	
Pager: () -		Fax: () -		Cell Phone: () -	
Phone: (others): type: () -					
Marital: S M D W ; Spouse's Name:		SSN:		Sex: DOB: ___/___/___	

Background:	Releases:	Client:
<input type="checkbox"/> Documentation	<input type="checkbox"/> All Info – Client	<input type="checkbox"/> Criminal history
<input type="checkbox"/> Physical Evidence	<input type="checkbox"/> All Info - Spouse	<input type="checkbox"/> Litigation history
<input type="checkbox"/> Printed Articles	<input type="checkbox"/> All Info – Child	<input type="checkbox"/> No Civil/Crim History
<input type="checkbox"/> Television	<input type="checkbox"/> Power of Atty	<input type="checkbox"/> Witness lists
<input type="checkbox"/> Website: _____	<input type="checkbox"/> Subpoena	<input type="checkbox"/> Official Reports
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Official Reports
		<input type="checkbox"/> Date of first contact: ___/___/___
		<input type="checkbox"/> Referred by: _____
		<input type="checkbox"/> Contract / Agreement signed
		<input type="checkbox"/> Retainer <input type="checkbox"/> Credit Application
		<input type="checkbox"/> Deposition taken: ___/___/___
		<input type="checkbox"/> Deposition Bates #:

Case Synopsis: (Full "Subject Data File" started on Client, Full background check performed, History Sheet filled out)

Suit filed or summons rec'd on: ___/___/___ [List all contact & communications on "Daily Activity Chart"]

Acceptable Settlement for Arbitration / Negotiation:

<input type="checkbox"/> Summons rec'd on: ___/___/___ Via:	Reviewed on: ___/___/___ By:	Release
<input type="checkbox"/> I hereby authorize release of any and all psychological records pertaining to this case. Initial: _____		<input type="checkbox"/>
<input type="checkbox"/> I hereby authorize release of any and all medical and dental records pertaining to this case. Initial: _____		<input type="checkbox"/>
<input type="checkbox"/> I hereby authorize release of any and all criminal records pertaining to this case. Initial: _____		<input type="checkbox"/>
<input type="checkbox"/> I hereby authorize release of any and all credit and financial records pertaining to this case. Initial: _____		<input type="checkbox"/>
<input type="checkbox"/> I hereby authorize release of any and all DMV records pertaining to this case. Initial: _____		<input type="checkbox"/>

I hereby certify that all information presented above is true, correct, and complete, and give full athorization for a full and complete background check on myself. I understand this check will include any and all records listed above.

Document Control #: _____

Client: _____ Signature: _____ Date: ___/___/___

Witness: _____ Signature: _____ Date: ___/___/___

Client Data Sheet – CIVIL CASE

Client's Witness Information

Type: <input type="checkbox"/> Expert <input type="checkbox"/> Direct <input type="checkbox"/> Alibi <input type="checkbox"/> Character <input type="checkbox"/> Other:					Line # on Witness Tracker Sheet: _____				
Deposed: / /		Time: am/pm		Recorded via:		Deposed by:			
Full Name:					SSN:				
Address:					Apt/Ste		Cmp/Sb:		
City:			County:		St:	Zip:		--	Own/Rnt/Rsd Yrs:
Phone:		Pager:			Cell Phone:				
Fax:		E-Mail:			Website/ICQ/UIN:				
Place of Employment:					Supervisor:				
Nature of work:									
Address:					Title:				
City:			St:	Zip:		--	Website:		
Phone: -		x	Fax:		E-Mail				
Friend / Relative / Spouse: Name:									
Relationship:					SSN:		Sex:	DOB: ___/___/___	
Address:					Apt/Ste:		Cmp/Sb:		
City:			County:		St:	Zip:		--	Own/Rnt/Rsd Yrs.:
Phones: (H): ()		-	Pager: ()			-			
Fax: ()		-	Cell Phone: ()			-			
E-Mail:					Website/ICQ/UIN:				
Place of Employment:					Supervisor:				
Address:					Website:				
City:			St:	Zip:		--			
Phone: ()		-	Fax:		E-Mail:				
Political Affiliation:					Marital: S M D W Total # Children: ___ male ___ female; Ages ___ to ___				
Race: Sex: DOB: ___/___/___		POB:							
Military Service:			Religion:			Sexual Orientation:			
Vehicle: Make: Model:		Year:	VIN:		Tag#:				
Note:									
Education:					From: ___/___/___ to ___/___/___ FT/PT Status/Degree:				
School:					Major:				
Brief synopsis of testimony:									
Cross-Ex Caveats, and Potential Impeachment:									
<input type="checkbox"/> Witness requires: \$ Fees; \$ Travel; \$ Lodging; # days advance notice of court appearance date.									
<input type="checkbox"/> Special Needs: Interpreter, Handicapped, etc.:									
<input type="checkbox"/> Associated with or provided item from "Index of Background Materials". Line # Item:									
<input type="checkbox"/> All informal communications listed on "Daily Activity Chart" and associated "Journal" notes. <input type="checkbox"/> Background check releases signed									
<input type="checkbox"/> Resume or professional credentials attached (for expert) <input type="checkbox"/> Full "Subject Data File" Started and/or background check performed.									
<input type="checkbox"/> All connections or relationships to client or opposing client checked and verified <input type="checkbox"/> Criminal & Civil Histories Listed									
Line # synopsis of deposition transcript stored: _____					Full transcript of deposition stored / filed: _____			Reviewed by:	
Bates number series re depositions or documents this witness:					Document Control #: _____				

Staple Business Card here

Client's Witness Information; Witness: _____ Line # "Witness Tracker Sheet" _____