



Law Office of Brian L. Bennett, P.C.
 2803 Boilermaker Court
 Valparaiso, Indiana 46383
 219.228.7823 Office
 219.881.8180 Facsimile
 admin@bennettlegalservices.com

2017 Potential Client Intake – AD

Date:

Type of Input:	<input type="checkbox"/> New Client	<input type="checkbox"/> Change Existing Data	<input type="checkbox"/> Closed Client File
	<input type="checkbox"/> New Matter/Current Client	<input type="checkbox"/> Reopen Closed Matter	<input type="checkbox"/> Closed Matter No.

Adoptive Parent[s] Personal Information

Parent I

Name:		SSN:		d/o/b:	
Address:		Sex:		Age:	
		Married:		Relation to Children?	
		Date of Marriage:			
List all Criminal Convictions:		Any Felony Convictions:		Date child[ren] began residing w/you:	
How Learn About Bennett Legal Services”		IS this a DCS Adoption:		DCS Case Manager Name:	
		County:			

Parent II

Name:		SSN:		d/o/b:	
Address:		Sex:		Age:	
List all Criminal Convictions:		Any Felony Convictions:		Date child[ren] began residing w/you:	



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How Learn About Bennett Legal Services”	
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Relation to Children?	
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Employment Information

Adoptive Parent I

Telephone:	
Email:	
Employer:	
Address:	

Cell:	
Position:	
Length w/Company:	

Adoptive Parent II

Telephone:	
Email:	
Employer:	
Address:	

Cell:	
Position:	
Length w/Company:	

Biological Parent/s/ Information

Bio-Father Name:	
Address:	
Telephone:	
Date Last Contact w child[ren]:	
Provide Financial Support? When Last?	
Consent or Object to this Adoption?	

Bio-Mother Name:	
Address:	
Telephone:	
Date Last Contact w child[ren]:	
Provide Financial Support? When Last?	
Consent or Object to this Adoption?	



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<input type="checkbox"/> Third Party Billing/Guarantor Contract	Name:	Address:
Tele:	Fax:	Email:

I understand I will receive ONE 30 Minute Free Consultation – and that I must pay \$190.00 per hour [in .6 increments] for any time spent beyond this allotment. This fee MUST be paid at the time of consultation, and that this one-time fee in NO WAY establishes an ATTORNEY-CLIENT Relationship or duty. A written CONTRACT for SERVICES and applicable fees are necessary for any legal representation to initiate.

Signature

OFFICE USE ONLY

Attach to This Form:

- ACR Contract Intake Notes
 Adoption Intake _____

Confirm:

- Important Date[s]: _____
 All Calendared

ACR Approved: YES <input type="checkbox"/> NO <input type="checkbox"/>	Retention Contract: YES <input type="checkbox"/> NO <input type="checkbox"/>	County/Court:
Date Retainer Received:	Case Type: Family <input type="checkbox"/> Criminal <input type="checkbox"/> Corporate <input type="checkbox"/> Estate <input type="checkbox"/> CHINS <input type="checkbox"/> Adoption <input type="checkbox"/> Contract <input type="checkbox"/> PI/Tort <input type="checkbox"/> Property <input type="checkbox"/> Civil Rights <input type="checkbox"/> Other <input type="checkbox"/> _____	All Contact Data Entered into Cosmolex
Case File Created: YES <input type="checkbox"/> NO <input type="checkbox"/>	Appearance: YES <input type="checkbox"/> NO <input type="checkbox"/> Date Entered:	Declined ACR:
Retainer Required: YES <input type="checkbox"/> NO <input type="checkbox"/>		Retainer Amount:
Flat Fee: YES <input type="checkbox"/> NO <input type="checkbox"/> \$ _____		Includes:
Intake/File Prepared By:	Misc:	

Attorney Notes:



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