



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 – DN or DC

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.

Personal Information

Name:	<input type="text"/>	SSN:	<input type="text"/>	d/o/b:	<input type="text"/>
Address:	<input type="text"/>	Sex:	<input type="text"/>	Age:	<input type="text"/>
	<input type="text"/>				
	<input type="text"/>				
Current Spouse/Partner's Name	<input type="text"/>	Reside Together?	<input type="text"/>	Have an attorney at Present: <i>[if yes-who?]</i>	<input type="text"/>
How Learn About Bennett Legal Services"	<input type="text"/>				

Employment Information

Telephone:	<input type="text"/>	Cell:	<input type="text"/>
Email:	<input type="text"/>		
Employer:	<input type="text"/>	Position:	<input type="text"/>
Address:	<input type="text"/>	Length w/Company:	<input type="text"/>
Telephone:	<input type="text"/>		

Opposing Party Information

Name:	<input type="text"/>	Relationship:	<input type="text"/>
Children Together/How many:	<input type="text"/>	Who is their Attorney:	<input type="text"/>
Name:	<input type="text"/>	D/O/B:	<input type="text"/>
Name:	<input type="text"/>	D/O/B:	<input type="text"/>
Name:	<input type="text"/>	D/O/B:	<input type="text"/>
Custody &	<input type="text"/>		



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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
- Adoption Intake

- Intake Notes
- _____

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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