

Client Intake Form
Wassmer Agency Services, LLC

[Complete and Take to Your First Appointment]

Name: _____

Address: _____

Phone #'s We May Use for Legal Contact: (H) _____
(W) _____
(C) _____

Email Address: _____

Occupation: _____

Social Security Number: _____

Referred By: _____

Office Use Only

Matter Type: _____ Opposing Party _____

Background: _____

___ Resolved by Telephone

___ Party Retains Us

___ Party sought Other Counsel

___ Set Consult Date

___ Retainer Letter Sent

___ Letter Advising No Representation

___ Party N/S

___ Conflict Matter

___ Referred to: _____