

**NEW/EXISTING BUSINESS:
FACE SHEET/INTAKE FORM**

Client/Matter Number: _____ Date: _____

Attorney: _____

Client/Case Name: _____

Address: _____

Contact Person/Title: _____

Client's Business Phone: _____ Fax Phone: _____

Home Phone: _____

Insurance Company: _____ Policy Number: _____

Insurance Company Address: _____

Insurance Company Contact: _____

Opposing Party Name: _____

Opposing Party Address: _____

Opposing Party Bus. Phone: _____ Fax Phone: _____

Opposing Counsel Address: _____

Opposing Counsel Phone: _____ Fax Phone: _____

Financial Arrangements: Billing:

Fixed Fee _____ Monthly

Hourly Rate _____ Quarterly

Retainer _____ Annually

Contingent Fee Of _____ In Advance

Contingent Percentage _____

Case Type

Litigation Trust

Commercial Appeal

Real Estate Other

Referral Source: _____

Description Of New Business: _____

Conflicts Check Done By: _____ Date: _____

Conflicts Found: Yes: _____ No: _____

Conflicts Found For: _____