

O'NEILL AND BALDWIN, LLC

GENERAL INFORMATION INTAKE SHEET

(CONFIDENTIAL)

CONTACT INFORMATION:

Name: _____ Gender: M F
(Last) (First) (Middle)

Mailing Address: _____

Street Address: _____

Phone: (c) _____ (h) _____ (w) _____

Email: _____

PERSONAL INFORMATION:

Date of Birth: _____ SSN: _____ Drivers License #/State _____

Employer: _____

Length of Employment: _____ yrs/mos Employer Address: _____

Person Always Knowing How to Reach You: _____

(Their Address) (Their Phone and Email)

Referred By: _____

OPPOSING PARTY INFORMATION:

Name(s) (Please list *all* last names): _____ Gender: M F

Date of Birth: _____ SSN: _____ Drivers License #/State _____

Street Address: _____

Phone: (c) _____ (h) _____ (w) _____

Email: _____

Employer Info: _____
(Name) (Address) (Phone)

NOTICE:

You will be charged for this consultation at the rate of \$250 per hour, prorated to the tenth of the hour (6 minutes). THE CONSULTATION FEE IS DUE AT THE TIME OF YOUR APPOINTMENT. We accept Visa and MasterCard. We do not represent you until both the consultation fee and initial retainer fee are paid.

Signature: _____ Date: _____

FOR OFFICE USE ONLY (Initial)

CONFLICT CLEAR: _____ DATES CONF'D & CAL'D: _____ OUTCOME: RETAINED _____ CAL'D F/U _____

CASE TYPE: DOMESTIC RELATIONS _____; CRIMINAL DEFENSE _____; OTHER/NOTE _____.