

MARTHA L. KING
MARTHA L. KING & ASSOCIATES, P.C.

Intake Questionnaire

Information about you:

Name: _____ Address: _____

Phone Number: _____ (specify: home/work/mobile)

Email address: _____

Does anyone else read or have access to this email? Yes__ No__

General Information:

Who referred you to this law firm? _____

What services do you need?

_____ Office consultation and advice only

_____ Office consultation and representation in litigation or other proceedings

Why do you want to consult an attorney?

Information about the party or parties with whom you have a dispute (name, address, phone, etc.):

Is there anything else about the matter you would like to tell us?

Information about your situation:

What has occurred or is occurring that leads you to believe you may have a legal claim?

Other information:

Are you currently represented by an attorney? Yes ___ No ___

If so, who? _____

Have you met or spoken with another attorney about this situation?

Yes ___ No ___

If so, when did you meet, what was the name of the attorney, and what was the outcome? _____

Have you ever filed a lawsuit or been sued before? Yes ___ No ___

Have you ever testified in court or a deposition before? Yes ___ No ___

Have you ever been convicted of any crime (other than a minor traffic violation)?

Yes ___ No ___

If so, what? And when? _____

Are you currently facing any criminal charges? Yes ___ No ___

If yes, describe them (and attach a separate sheet if necessary): _____

PERSON FINANCIALLY RESPONSIBLE:

Name: _____ DOB: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Your Signature: _____ **Date:** _____

Thank you. Martha L. King & Associates, P.C. will contact you after an attorney has reviewed your answers.