

Client Intake

RISK MANAGEMENT HANDOUTS OF
LAWYERS MUTUAL

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DISCLAIMER: This document is written for general information only. It presents some considerations that might be helpful in your practice. It is not intended as legal advice or opinion. It is not intended to establish a standard of care for the practice of law. There is no guarantee that following these guidelines will eliminate mistakes. Law offices have different needs and requirements. Individual cases demand individual treatment. Due diligence, reasonableness and discretion are always necessary. Sound risk management is encouraged in all aspects of practice.

INTRODUCTION

Many malpractice claims result from attorney-client relationships that began sour and grew steadily worse. That's why it is important to start off on the right foot with new clients.

One risk management solution: make sure the client's first impression of you and your firm is positive. The ensuing relationship will blossom.

FIRST IMPRESSIONS

THANKS FOR COMING

New clients should be warmly welcomed. Thank them for choosing you, and tell them you appreciate their business. Give them a professional introduction to your firm. Escort them through the office. Introduce your staff, especially those who will be assisting on the case. Explain your procedures for handling appointments and telephone calls.

In the initial interview, open your ears before your mouth. A good technique is to ask clients to tell their story in their own words. Listen closely without taking notes. Parrot key phrases back to the client to show you're paying attention.

Clients may be tense, anxious and rambling. Be patient. Don't belittle their concerns, even if unfounded. "Listening is not the simple ability to decode information," says Kevin J. Murphy in *Effective Listening*. "It is a two-way exchange. One must compel others to do the same. Be sensitive to subtle signs of dissatisfaction. Early detection and prevention of client disenchantment might prevent a serious blowup down the road."

INTERVIEW FORM

After the client has finished with the story, you can take it once more from the top, this time taking notes and probing with questions. Here, a client interview form is critical.

Develop an interview form that suits your practice needs. Be sure it covers all necessary information, including pending deadlines and conflicts of interest data. However, as you fill in the blanks on the form, don't lose sight of the person sitting on the other side of the desk.

"Lawyers collect facts about their clients instead of information about people," writes Milton Zwicker in the September 1994 *Law Practice Management*. Firms focus their systems on files and not people. It is more important to know what kind of client has a legal problem than what kind of legal problem the client has.

NEW CLIENT QUESTIONNAIRE

It's a good idea to develop a simple questionnaire that prospective clients can complete while they are waiting to see you.

Have your secretary bring you the form after it is completed. At a glance, you will know who the prospective client is and what the case is about. When the client comes into your office, you can greet him or her by name and jump right into the interview.

The questionnaire also protects you. It provides documentation in the client's own hand of what the client thinks the problem is and what relief the client seeks.

EFFECTIVE INTERVIEWING

Think about the best experience you have ever had being interviewed. Try to recall what made the experience positive. Most likely there were comfortable surroundings and an interviewer that seemed interested in you and what you had to say. It is unlikely you were made to feel intimidated or uncomfortable.

When you are interviewing a prospective client, remember that most people are unfamiliar with the legal system and will be uneasy at best, frightened at worst. It is important to establish a good rapport early in the process. When making the initial contact, be sure to advise the client of who you are and your purpose.

Begin the interview with small talk if it makes the situation more comfortable, but do not make the client feel you are wasting their time.

There should be no distractions like office phones ringing. Sit side by side or across from each other without invading each other's body space and without establishing barriers like desks.

Don't let note-taking become a distraction. Maintain good eye contact. Do not attempt to take down every word said. Instead, look for pertinent and relevant information. This is where your knowledge of the case is helpful.

TYPES OF QUESTIONS

- *Open* -- Allows interviewer to talk, more information is given; more time-consuming; interviewer has minimum control. Example: "Why don't you tell me everything you remember about the accident?"
- *Closed* -- Requires a yes/no answer; interviewer is in control; answers are not as reliable; shows inconsistencies. Example: "Did you see the car run the red light?"
- *Double-barreled* -- Requires more than one response; causes interviewee to lose train of thought. Avoid, because it tends to leave both of you confused. Example: Did you see the other car run the red light and how fast was it going?
- *Bi-polar* -- Effect is similar to closed; gives interviewee two options; usually at end of interview after problem has been identified. Example: Do you agree or disagree that you were speeding?
- *Leading* -- Invites interviewee to answer one way or another; requires careful use; might use with children; best used for cross-examination of adverse party. Example: You did not see the car in the intersection as you approached, did you?
Use techniques such as nonverbal and verbally supportive communication, active and passive listening, and body language. They influence the gathering of information. The interviewer should not adopt a hostile or confrontational stance. Nodding during the interview indicates your acceptance of the client's story. Verbal expressions of empathy can assist in bonding between you and the client.

BARRIERS TO EFFECTIVE LISTENING

- *Talking* -- You cannot effectively listen if you are mentally preparing what you are going to say.
- *Mentally arguing* -- You cannot effectively listen if you are mentally forming your argument. Also, you need to be objective in listening.
- *Preoccupation* -- Keep your mind on the subject at hand.
- *Impatience* -- Do not become frustrated by the speaker's slow speech or inability to make a point.
- *Poor environment* -- Do not become distracted by noise, people, or temperature. Take care of these distractions before the interview begins.
- *Inattentiveness* -- Effective listening requires all your attention. You must try to absorb what the speaker says.
- *Mental or physical fatigue* -- Be "up" for the interview.
- *Failure to understand body language* -- Is the client sending a message with facial expressions or body language that is different from what is being said with words?

TIPS FOR INTERVIEWING CLIENTS

Establishing a good rapport with the client early in the relationship can help you avoid problems later on. Additionally, a close working relationship and open lines of communication make case preparation go more smoothly and efficiently. Clients who feel comfortable with you are more likely to provide you with the information you need to better represent them. The appendix to this manuscript includes forms, checklists, and other materials related to attorney-client interaction. Following are some key considerations for the initial interview:

- Be on time for appointments.
- Personally greet clients in the reception area.
- Strive to put your clients at ease. Many people are unfamiliar with and intimidated by the legal system. Clients are most likely coming to see you because of some stressful event in their lives, so go out of your way to make their experience as pleasant as possible (offer them a beverage, consider interviewing them in a sitting area rather than from behind your desk, etc.).
- Avoid interruptions while meeting with a client (hold all calls, restrict others from coming in and out of

your office, etc.). Regardless of how large or small the case, each client's problem is important to them. They deserve your undivided attention.

- Hear the client's full story before jumping in with questions.
- Be direct. Do not overcomplicate things. Avoid the use of legal jargon. Instead, discuss the problem in layman's terms. Think practical advice and real solutions.
- Do not overwhelm clients with information. Give them a manageable range of options.
- Understand the client's objectives and clearly define the scope of your representation. This gives the client realistic expectations and focuses your advice.
- Be realistic about what you can accomplish.
- Make sure the client understands the billing system.
- Explain the time and cost legal matters can entail. Urge clients to carefully consider how this might impact their lives.
- Follow up the initial interview with a letter of engagement, nonengagement, or disengagement.

KEEP IN TOUCH WITH CLIENTS

- Return phone calls promptly (preferably within half a day).
- Communicate regularly and provide periodic status reports. Sending "case update" letters is a good way to do this. Point out new cases, developments, and trends. Provide mission statements and, if applicable, send the client newsletters and brochures. Use illustrations and graphics to make the issues easier to understand.
- Keep the client informed. Send the client a copy of all correspondence, memoranda, pleadings, briefs, and other meaningful documents.
- Schedule individual meetings as needed.
- Do not delay the delivery of bad news. Breaking the news sooner rather than later can help defuse the situation before it gets out of control.
- Treat the client as a partner. Bring clients into strategy development and include them in decision-making. Keep in mind that ultimately it is the client's case.
- Treat the client as an important customer. Get feedback.
- Document everything. This protects both you and your client.
- Do the work within the time promised.
- Give clients value for their money.
- Conduct exit interviews and/or have clients fill out questionnaires about their experience with your firm.

BEWARE THE BAD NEWS CLIENT

Client screening is an important part of risk management. Sometimes the best way to prevent a claim is to decline to represent a potentially troublesome client in the first place. All seasoned practitioners know there are some prospective clients who are best shown the door.

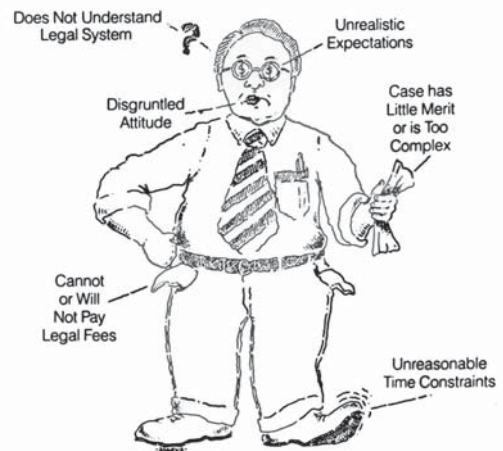
Following are some characteristics of high-risk clients:

- Clients who have had multiple lawyers or who have been rejected by every other lawyer on the block.
- Clients looking for a free lawyer or the cheapest lawyer available.
- Clients who quibble about your fee or who do not pay the retainer when requested.
- Clients who are high rollers and want to cut you in on the action.
- Clients who have unreasonable expectations or who seek relief no court can grant. Example: “I know this is a multi-million dollar case. I saw someone on Jenny Jones who had a claim like mine, and they recovered \$1 million. My case is even better.”
- Cases with extreme time pressure.
- Clients who make unreasonable demands of you or who ask you to engage in unethical or illegal behavior.
- Clients looking for a shoulder to cry on or who need psychological counseling more than legal counseling. Remember you are not a shrink.
- Perpetual victims.
- Clients suing on principle.
- Overzealous clients driven by a need for vengeance or vindication. Example: “I don’t care how much it costs as long as you make that jerk’s life a living Hell!”
- Clients who have done research on their own.
- Clients who know enough about the law to make your life miserable. They may refuse to follow your advice because they think they know more about the law than you do.
- Clients who want to tell you how to run the case.
- Clients who habitually lie.
- Clients who are abusive, rude, mean, overly argumentative, or who threaten you or your staff.
- Clients with rotten attitudes about lawyers, courts, and the legal system in general.
- Two or more clients seeking joint representation.
- Social contacts such as friends, relatives, drinking buddies, etc. The emotional entanglements will only make your job harder. Besides, these clients might simply be looking for free legal advice.

When interviewing a potential client, listen to your gut. What is your first impression of the person? Is this someone you feel like you can work with? You may want to enlist your support staff to help interview and evaluate new clients.

Consider another bit of advice from Elihu Root, “About half of the practice of a decent lawyer is telling would-be clients that they are damned fools and should stop.” Regardless of how badly you need the business, no client is worth the headaches of a malpractice suit.

Characteristics of a Troublesome Client



Interview Form Personal Injury

Statute of Limitations

Out of State case: Yes or No _____
State accident occurred in: _____
SOL Date: _____
SOL Date has been confirmed by:
(attorney's name) _____
SOL date has been docketed by:
(staff name) _____

1. Personal and Family History

Full Name: _____

Home address: _____

Business address: _____

Home phone: _____ Business phone: _____

E-Mail: _____

2. Details of Injury or Accident

Date of Incident: _____

Location of Accident: _____

Out of State: Yes or No

Names and addresses (if known) of potential defendants:

Out of State: Yes or No

Names and addresses (if known) of potential witnesses:

Out of State: Yes or No

Will suit need to be filed out of State? Yes or No

If yes, which state: _____

Attorney signature acknowledging out of state status: _____

3. List all other names by which you have ever been known. Include marital and maiden names, nicknames, and aliases:

4. List the addresses where you have resided during the past 10 years. Indicate the period of time at each residence, including dates:

5. **Place and Date of Birth:** _____

6. **Are you presently married?** Yes No (Circle One)

Date of Marriage: _____ Place of Marriage: _____

Full name of spouse: _____

Have you ever been divorced or legally separated? Provide details:

7. **List the names, ages, and addresses of everyone, including children, who are dependent upon you for support, and your relationship to each:**

Name	Address	Age	Relationship
------	---------	-----	--------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. **Employment History**

Social Security Number: _____

Most Recent Employer: _____

Employer Address: _____

Beginning Date: _____ Ending Date: _____

Job Description: _____

Beginning Pay Rate: _____ Current Pay Rate: _____

Have you ever missed work due to your injuries? Yes No (Circle One)

If yes, list the dates you were unable to work:

From: _____ To: _____

Reason for leaving job: _____

Employer Prior to last one listed: _____

Prior Employer's Address: _____

Beginning Date: _____ Ending Date: _____

Job Description: _____

Beginning Pay Rate: _____ Ending Pay Rate: _____

Have you ever missed work due to your injuries? Yes No (Circle One)

If yes, list the dates you were unable to work:

From: _____ To: _____

Reason for leaving job: _____

Employer Prior to last one listed: _____

Prior Employer's Address: _____

Beginning Date: _____ Ending Date: _____

Job Description: _____

Beginning Pay Rate: _____ Ending Pay Rate: _____

Have you ever missed work due to your injuries? Yes No (Circle One)

If yes, list the dates you were unable to work:

From: _____ To: _____

Reason for leaving job: _____

[Have client bring in Tax Returns for prior years.]

9. Education

List your highest educational level (high school, college, graduate school, professional training) with the name/address of the institution(s):

Do you have any special job training? Describe: _____

10. Military Background

Have you ever been in the military? Yes No (Circle One)

Service Number: _____ Type of Discharge: _____

Branch: _____ Dates of Service: _____

Have you had any service-related injuries/disabilities? Explain: _____

Percentage of Disability: _____

Present condition of service-related injury/disability: _____

Do you receive payments for service-related injuries? Yes No (Circle One)

If yes, explain: _____

Have you ever been rejected for military service because of physical, mental, or other reasons? Yes No

(Circle One) If yes, explain: _____

11. Prior Claims and Lawsuits

(Our adversaries will inquire about your history of legal claims and lawsuits. It is important that you disclose your complete history to us. It is not fatal if you have been involved in prior legal actions. You won't be penalized by a court or jury if the claims were reasonable and genuine.)

List every claim you have ever made for personal injury or property damage. Give details. (Attach additional page if necessary.)

Date: _____ Nature of Claim: _____
 Against Whom: _____
 Result: _____

Date: _____ Nature of Claim: _____
 Against Whom: _____
 Result: _____

Date: _____ Nature of Claim: _____
 Against Whom: _____
 Result: _____

12. Police Record

(The defense will investigate your background. We must be prepared against any unfavorable evidence that is uncovered. Evidence of prior criminal acts might be used against you at trial, no matter how mitigating the circumstances.)

List all prior arrest information:

Date	Place	Charge	Result
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. Workers' Compensation

Have you ever made a claim for workers' compensation? _____
 What was your injury? _____ Date of injury: _____
 Are you presently receiving payments? Yes No (Circle One) If yes, explain: _____

Who is handling your workers' compensation action? _____
 Are you receiving disability payments from sources other than worker's compensation? Yes No (Circle One)
 If yes, explain: _____

14. Prior Physical Conditions

List every physical examination you ever had during the last 10 years for any purpose, including employment, promotion, insurance, selective service, and armed forces. (Attach additional page if necessary.)

Date: _____ Place: _____
 Name of Doctor: _____
 Purpose: _____ Result: _____

Date: _____ Place: _____

Name of Doctor: _____

Purpose: _____ Result: _____

Date: _____ Place: _____

Name of Doctor: _____

Purpose: _____ Result: _____

Date: _____ Place: _____

Name of Doctor: _____

Purpose: _____ Result: _____

Date: _____ Place: _____

Name of Doctor: _____

Purpose: _____ Result: _____

15. Prior Accidents and Injuries

(Failure to mention other accidents or injuries can undermine a lawsuit, no matter how trivial they may seem.)

List all prior accidents, whether they resulted in a claim for damages or not.

Date	Place	Nature of Accident	Extent of injuries
------	-------	--------------------	--------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

16. Illness or Disease

(We must know about all prior illnesses, either before or since your accident. This is particularly true if there is any connection with your present physical complaints. The defendant will have access to a complete history of your past physical condition as well as your veteran's records, insurance records, and medical/hospital records.)

Date: _____ Nature of Illness: _____

Duration: _____ Treated by: _____

Hospitalized? _____ When? _____

Name/address of hospital: _____

Date: _____ Nature of Illness: _____

Duration: _____ Treated by: _____

Hospitalized? _____ When? _____

Name/address of hospital: _____

Date: _____ Nature of Illness: _____

Duration: _____ Treated by: _____

Hospitalized? _____ When? _____

Name/address of hospital: _____

Date: _____ Nature of Illness: _____

Duration: _____ Treated by: _____

Hospitalized? _____ When? _____

Name/address of hospital: _____

Date: _____ Nature of Illness: _____
Duration: _____ Treated by: _____
Hospitalized? _____ When? _____
Name/address of hospital: _____

Have you ever had trouble with your eyes? _____ Ears? _____

Please check all that apply:

Glasses/contacts: _____ Artificial eye: _____ Hearing aid: _____

Have you ever worn a brace or back and neck support? _____

Have you ever worked with radioactive substances, asbestos, or any other substance alleged to cause diseases, such as cancer? _____

Have you ever been denied health or life insurance? _____ If so, by which company? Give details: _____

Have you ever been treated for alcoholism, drug addiction or venereal disease?

17. The Injury

State all injuries known to be a result of the accident: _____

Length of time confined to bed: _____

Length of time confined to house: _____

State present physical conditions, including scars, disabilities, deformities and discomforts due to the injuries: _____

18. Physicians and Surgeons

List all physicians and surgeons you have seen (attach additional page if necessary):

Name: _____

Address: _____

Nature of treatment: _____

Still under care? Explain: _____

Name: _____

Address: _____

Nature of treatment: _____

Still under care? Explain: _____

Name: _____
Address: _____
Nature of treatment: _____
Still under care? Explain: _____

Name: _____
Address: _____
Nature of treatment: _____
Still under care? Explain: _____

Name: _____
Address: _____
Nature of treatment: _____
Still under care? Explain: _____

19. Nurses, Therapists and Health Care Professionals

List all nurses, therapists, and health care professionals other than doctors and surgeons that you have seen (attach additional page if necessary):

Name: _____
Address: _____
Nature of treatment: _____
Still under care? Explain: _____

Name: _____
Address: _____
Nature of treatment: _____
Still under care? Explain: _____

Name: _____
Address: _____
Nature of treatment: _____
Still under care? Explain: _____

20. Calendar Information

Has client been served with pleadings? Yes No (Circle One)
When is response due? _____
Statute of limitations expires: _____
Enter case and upcoming activity in office calendar system: _____

ATTACH TO THIS INTERVIEW FORM:

Medical Authorization
Fee Agreement

Interview Form Domestic Relations

Date: _____

1. Personal Information

Name: _____

Address: _____

Home Phone: _____ Work phone: _____

Place of work: _____ Occupation: _____

Date of Birth: _____ Date Married: _____

Where (city, county, state): _____

Date of Separation: _____ Referral to our office: _____

2. Spouse's Information

Name: _____

Address: _____

Home Phone: _____ Work phone: _____

Place of work: _____ Occupation: _____

Date of Birth: _____

3. Prior Divorces

Dates of prior divorces: _____

Please check all that apply:

Separation agreement: _____ Divorce decree: _____ Custody/Support order: _____

4. Children of the Marriage

Name: _____ Date of Birth: _____

Do you or your spouse have any children outside the marriage? _____

Name: _____ Date of Birth: _____

Your income: _____ net/month _____ gross/month

Opposing party's income: _____ net/month _____ gross/month

Are you a military veteran or in active service? Give details: _____

Is your spouse a veteran or in active service? Give details: _____

5. Medical

Your general health: _____

Any specific medical problems: _____

Disabilities: _____

Your spouse's general health: _____

Any specific medical problems: _____

Disabilities: _____

6. Financial

[Use Financial Affidavit or detailed form for collecting property information. Following are some topics to cover.]

Vehicle (year/make/model): _____ Monthly payment: _____ In whose name?

Name of bank(s) where you have accounts: _____

Name of bank(s) where your spouse has accounts: _____

7. Residence

Location: _____

Rent or own? _____ Time lived there: _____

Whose name residence in: _____

Mortgagee/lender: _____

Monthly payment: _____

Mortgage balance: _____

Estimated net market value: _____

Other real property: _____

Whose name under: _____

Mortgagee/lender: _____

Monthly payment: _____

Mortgage balance: _____

Estimated net market value: _____

Intangible property (stocks, bonds, etc.): _____

Other sources of income: _____

List all bankcards, charge cards, and revolving credit cards.

Account: Whose Name: Balance:

List all pensions, military benefits, retirement accounts for you and your spouse.

List other debts and liabilities.

[Bring in Income Tax Returns for the past 5 years.]

Prospective Client Questionnaire

Name (include maiden or other marital name): _____

Home Address: _____

Date of Birth: _____ Home phone: _____

Name of Employer: _____ Position: _____

Employer address: _____

Employer phone: _____

Where you prefer to be contacted: _____

Spouse's name: _____

Opposing party name and address: _____

Name of associated and/or related parties: _____

Name of current opposing counsel: _____

Address: _____

Please state briefly the nature of the problem you wish to discuss with this office.

Please check type of legal category that applies:

Domestic/Family Law: _____ Auto Accident: _____

Other personal injury: _____ Criminal: _____

Employment problem: _____ Juvenile case: _____

Estates or wills: _____ Traffic ticket: _____

Have you or any member of your family been seen by anyone in this office? Yes No (Circle One)

If yes, state person's name and nature of the legal matter with which he/she assisted.

How you were referred:

Phone: _____ Advertising: _____ Former client: _____

Bar referral: _____ Court assignment: _____ Other lawyer: _____

Optional: A consultation fee of \$50 is due at the time of your initial visit. Our office accepts Visa and MasterCard for your convenience.

Optional: for client to sign: "I understand that no legal relationship was created by my visit because my case was not accepted by this office."

Signature: _____ Date: _____

For Office Use Only:

Initial Interview Date: _____	Type of Case: _____
Initial Interview By: _____	Case Assigned to: _____
Client referred by: _____	Nonengagement: _____
Office File no.: _____	Court file no.: _____
Deadlines: _____	Conflicts check: _____

Notes: _____

OFFICE INTAKE: FORM A NEW CLIENT

Today's Date: _____

Client's full name: _____

Date of Birth: _____ Social Security No. _____

Spouse's full name: _____

Date of Birth: _____ Social Security No. _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Client work: _____ Spouse work: _____

Client's employer: _____

Spouse's employer: _____

Emergency Contacts:

Name:	Relationship:	Phone no.:
_____	_____	_____
_____	_____	_____

Referred by: _____ Conference with attorney regarding: _____

OFFICE USE ONLY:

Primary Attorney: _____	Hour: _____
Attorney 2: _____	Hour: _____
Attorney 3: _____	Hour: _____
Paralegal: _____	Hour: _____

Fee Type:

C – contingency F – fixed R- retainer T- time/expense

Billing Frequency:

M – monthly Q – quarterly S – semi-annually O – other

Checklist:

Conflicts Check: _____ Fee Contract: _____ First Appearance due: _____
 Statute of Limitations Deadline: _____ Other deadlines: _____
 File Review Frequency: _____ Instructions: _____

	Initials:	Date:
Intake sheet prepared by:	_____	_____
Conflicts checked by:	_____	_____
Deadlines docketed by:	_____	_____

Office Intake: Form B New Client

Client Information

File No. _____ Date Opened: _____
Client: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Work Phone: _____ Home Phone: _____
New Client: _____ Previous Client: _____

Case Information

Matter: _____
Claim No.: _____ Insured: _____
Misc.: _____
Contact Name: _____ Referred by: _____
Originating Attorney: _____
Billing Attorney: _____
Supervising Attorney: _____

Fee Arrangements

Hourly Rate: _____ Standard: _____ Other: _____
Flat fee of \$ _____
Hourly rate of \$ plus contingent (Check Below):
Contingent Fee of _____% of amount
Recovered: _____ Saved: _____ Other: _____
Fee to be determined on basis of all relevant factors: _____
Retainer of \$ _____ per _____ Month _____ Year _____
Number of hours of service covered by retainer: _____
Excess hours to be billed at rate of \$ _____ per hour
Other: _____

Billing Arrangements

Frequency: Monthly _____ Quarterly _____ Completion _____ Other: _____
 Retainer of \$ _____ Minimum fee (to firm account): _____
 Apply to final statement (to trust account): _____
 Apply as earned (trust account): _____
 Special: _____

Invoice Formats

Print past due message:	Yes _____	No _____
Print initials:	Yes _____	No _____
Service charge:	Yes _____	No _____
Cover statement:	Yes _____	No _____

Conflict Information

Client and other parties associated with client: _____

 Adverse parties: _____

 Names associated with other files for this client: _____

Case Type

- | | | |
|----------------------------|------------------------------|-------------------|
| 10 Estate Planning | 34 Contracts – litigation | 58 Collections |
| 11 Estate administrations | 35 Other litigation | 59 Other business |
| 12 Wills | 40 Worker’s compensation | 60 Domestic |
| 13 Guardianship | 41 Employment law | 61 Juvenile |
| 20 Residential real estate | 42 Employee plans | 80 Criminal |
| 21 Commercial real estate | 50 Incorporation | 81 Government law |
| 23 Environment law | 52 Non-profits | 82 Education |
| 24 Foreclosures | 53 Limited liability company | 83 Insurance law |
| 30 Personal injury – pl. | 54 General corporate matters | 84 Bankruptcy |
| 31 Personal injury – def. | 55 Tax – individual | 85 Trademarks |
| 32 Personal injury – other | 56 Tax – business | 86 Patents |
| 33 Product liability | 57 Banking | 87 Copyright |

Other: _____