



THE TOMCZAK LAW GROUP

EXPERIENCE & RESULTS Matter and so should YOUR case!

CONFIDENTIAL CLIENT INTAKE SHEET

Please fill out this intake sheet as completely as possible. All information provided will remain confidential. If you do not understand a section, skip over it at the present time and we will review it later. Some sections may not apply to your situation. You may simply leave those sections blank. **Note: we rely on the truthfulness of your responses.**

Date: _____

Client Information:

Name: _____

Address: _____

City: _____

Zip Code: _____

Phone: _____

Cell: _____

Work: _____

Email: _____

On Behalf of:

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____

Cell: _____

Work: _____

Emal: _____

Date of Birth: _____

Age: _____

Occupation: _____

Employer: _____

Length of Employment: _____

Driver's License Number: _____ State Issued: _____ CDL (Yes or No): _____

Date of Occurrence: _____

Location of Occurrence: _____

Next Court Date: _____

Arresting Department (City / County / Village): _____

Case Number (If Known): _____

Please let us know how you heard about The Tomczak Law Group:

Internet

Website

Referral

Yellow Pages

Ad Letter

If referral, who referred you? _____