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## CLIENT INTAKE FORM

### 1. CLIENT INFORMATION:

KEY CLIENT     REFERRAL    DATE     SOCIAL SECURITY #

FIRSTNAME     MI     LASTNAME     EMAIL

PREFERRED NAME     HOME #     WORK #

CELL #     ADDRESS

CITY     STATE     ZIPCODE

### 2. TYPE OF CASE:

CASE TYPE

ADVERSE/RELATED PARTY NAME     TELEPHONE

ADDRESS     CITY     STATE

ATTORNEY     LAW FIRM     TELEPHONE

ADDRESS     CITY     STATE

NAMES OF ADDITIONAL PARTIES AND/OR INSURANCE COMPANIES

POTENTIAL CONFLICTS OF INTEREST CHECKED

### 3. INJURIES

INJURIES (current & previous)

### 4. WITNESSES

FIRSTNAME     LASTNAME

ADDRESS     TELEPHONE

CITY     STATE     ZIPCODE

5. CLIENT OBJECTIVE

NARRATIVE OF FACTS ATTACHED

CLIENT AUTHORIZATIONS     ATTACHED     PREPARE     NOT APPLICABLE

**6. LEGAL ISSUES**

JURISDICTION  VENUE

STATUTE OF LIMITATIONS/DEADLINES/COURT DATES

RESEARCH ISSUES:

**7. SCHEDULE:**

THINGS TO DO

COURT DEADLINES

8. FEE AGREEMENT

ENGAGEMENT LETTER SENT

9. OTHER CLIENT MATTERS

MATTERS/PROJECTS

IN REFERENCE TO:

10. CLIENT NOTES:

**OFFICE ONLY:**

**FLAT FEE ARRANGEMENT**

Type:  Absolute  Minimum  Base  Contingency Amount:

Covers:  Time only  Expense only  Both time & expense

Duration:  Perpetual  Job  # of bills list #

**CLIENT FUNDS**

Fund Options:  Itemize  Summarize  No  Replenish

Automatic payments:  None  Time only  Expense only  Both

Replenish To:  Funds Balance:

**OPTIONS**

None  All Slips  Until hours

Time Slips  Expense Slips Until \$

Client Exempt from billing

Services Tax %  Sales Tax %  Interest Rate %

Round to:  Dollars  Minutes

Full precision: Mark Up Slips %

**BILL FORMAT**

Use standard defaults

Replenish

**Automatic Payment:**

None  Time only  Expense only  Both