

The Lynch Law Firm, PLLC
Client Intake Sheet

Name: _____ Social Security No.: _____

Birth Date: _____ Place of birth: _____ Driver's License No.: _____ State: _____

Physical Address: _____

City: _____ County: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

E-Mail Address: _____ Cell Phone: (____) _____

I authorize emails concerning my case. I authorize emails of general interest from The Lynch Law Firm, PLLC.

Place of Employment: _____ Job Title: _____

Address of Employment: _____ City: _____ State: _____ Zip: _____

Spouse's Name: _____ Social Security No.: _____ Birth Date: _____

Address (if different from yours): _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Work Phone: _____

Other Contact Information (CPA, Financial Advisor, Insurance Agent, etc.):

Name: _____ Company: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

Purpose of visit today (please check any that may apply):

- I'm having issues with the IRS. I want to discuss planning for my estate. I need help probating an estate.
 I'm having issues with the MS Dept. of Revenue. I want to discuss planning for my business. Other.

How did you hear about us?

- I'm a previous client. Bar Association Internet Search Engine: _____
 Website: _____ Phonebook Referral from Friend/Advisor: _____

Other: _____

FOR OFFICE USE ONLY:

INTERVIEWING ATTY _____ CONFLICT CHECK: DRL _____ ALB _____ FEE QUOTED _____ FEE RECEIVED _____
ENGAGEMENT LETTER SIGNED _____ IRS POA _____ EXE _____ MDOR POA _____ EXE _____ CLIENT ADDED _____