

## KRAAYEVELD LAW OFFICES, P.C. CLIENT INTAKE FORM

How did you find us?	<input type="checkbox"/> Friend/family _____ <input type="checkbox"/> Other attorney _____ <input type="checkbox"/> Website <input type="checkbox"/> Yellow pages <input type="checkbox"/> Other _____		
Your full name			
Address	Street	City & State	ZIP code
Telephone	Home number (_____) _____	Do you have an answering machine? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Which hours can we reach you at home? _____	
	Work number (_____) _____	My we contact you at work for <input type="checkbox"/> regular calls? <input type="checkbox"/> emergencies?	
		Special instructions: _____	
	Cell number (_____) _____		
	Any other number (_____) _____	Whose number is this? _____	
Fax	Number (_____) _____	Whose number is this? _____	
		Special instructions? _____	
Email	_____ @ _____		How often do you check for messages? <input type="checkbox"/> hourly <input type="checkbox"/> daily <input type="checkbox"/> weekly
Contact preference	I prefer to be contacted as follows <input type="checkbox"/> telephone <input type="checkbox"/> fax <input type="checkbox"/> email		
Date of birth	____/____/19____		
Social security no.	____-____-____		
Emergency contact	Name of closest relative <i>not</i> residing at your residence:	Address: _____	
		_____	
	Telephone number of this person: (_____) _____		