

# CIVIL/PERSONAL INJURY CASE INTAKE

|                                       |                 |              |                            |                     |                        |                            |            |
|---------------------------------------|-----------------|--------------|----------------------------|---------------------|------------------------|----------------------------|------------|
| Date                                  |                 |              | How Did You Hear About Us? |                     |                        |                            |            |
| Reason You Are Here (Service Needed): |                 |              |                            |                     | Social Security Number | Race                       | Sex        |
| Name (First)                          |                 | (Middle)     | (Last)                     | (Sr., Jr., II, III) |                        | Date of Birth              | Birthplace |
| Address                               |                 | Apt #        | City                       | State               | Zip                    | Driver's License Number    | State      |
| Home Phone<br>( )                     | Cellular<br>( ) |              | Pager<br>( )               |                     | Email Address          |                            |            |
| Marital Status                        | Spouse's Name   |              | Maiden Name                |                     |                        | Military Service<br>YES NO | Branch     |
| Employer                              |                 |              |                            |                     | Occupation             |                            |            |
| Employer's Address                    |                 | Suite #      | City                       | State               | Zip                    | Business Phone             | Extension  |
| Emergency Contact                     |                 | Relationship | Emergency Contact Address  |                     |                        | Emergency Contact Phone    |            |

## CASE INFORMATION

Reason You Are Here:

Who is your claim against? or Who has a claim against you?

Client's goal

Witnesses or others involved

Description of Events (optional)

## FOR OFFICE USE ONLY

CIVIL LITIGATION
  PERSONAL INJURY
  NON-LITIGATION
  LITIGATION

|              |                |             |               |                |                 |
|--------------|----------------|-------------|---------------|----------------|-----------------|
| Retainer Fee | Hours Included | Hourly Rate | Costs Deposit | Any Discounts? | Contingency Fee |
|--------------|----------------|-------------|---------------|----------------|-----------------|

|                                   |              |  |            |
|-----------------------------------|--------------|--|------------|
| Conflicts of Interest Checked by: | Date Checked | Is there a conflict of interest?<br>YES NO | With Whom? |
|-----------------------------------|--------------|--|------------|

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