



THE NATION'S LARGEST DIRECT WRITER OF
LAWYERS' MALPRACTICE INSURANCE

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Sample Client Intake Form

1. Client _____ Date _____
File No. _____ Responsible Attorney _____

2. Contact _____
Address _____ Phone _____
_____ Fax _____
_____ Email _____

3. Matter (for file tab) _____
Summary description of our work _____

4. Adverse Party (and Affiliates)	Opposing Counsel (Name & Address)
_____	_____
_____	_____
_____	_____
_____	_____

5. Assigned Attorney _____

6. Fee Arrangements: Engagement Letter Sent? Yes No - Reason _____
Send Bill To: _____ Bill: Monthly Upon Completion
_____ (Name) Retainer \$ _____
_____ (Address) Hourly
_____ Contingent
_____ Fixed Fee \$ _____

7. *Conflicts Check completed by _____ (*File can not be
*Conflicts Database updated by _____ opened if incomplete)
*New Client Memo circulated by _____

8. Calendaring File Review Frequency 30 Days 60 Days
If subject to a Statute of Limitations: Applicable Statute _____
S.O.L. Date _____ *Verified by _____ (Attorney Initials)

9. Source of Business _____