

FAMILY CLIENT INTAKE
BEATY HATCH, A PROFESSIONAL SERVICE CORPORATION

This office is converting to paperless practices. All documents will be sent via e-mail, including monthly billing statements. All efforts to keep clients information confidential and secure will be made, although it is assumed that the client understands the associated risks.

To opt out and have all documents sent by USPS, please check the box.

Today's Date: _____

Legal Name: _____ **Cell Phone No.:** _____

Home Phone No.: _____ **Fax No.:** _____

E-mail address: (personal) _____ (business) _____

Home Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Special Mailing Instructions: _____

Your Birthdate: _____ **Your Soc. Sec. No.:** _____

Your Occupation: _____ **Your Work Phone No.:** _____

Your Employer: _____

Your Marital Status: Married Separated Divorced Single Widowed

Spouse's Name: _____ **Home Phone No.:** _____

E-mail address: (personal) _____ (business) _____

Other Person to Contact in Emergency: _____ **Relationship:** _____

That Person's Phone No.: _____

Person(s) for Payment, if Different from Above:

Name: _____ **Phone No.:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

HOW DID YOU HEAR ABOUT US? BH Website Referral- referred by: _____

Previous client -Attorney: _____ Google- To : _____ Other Source: _____

Please list the full names of any individuals who may be on the opposing side in this matter (e.g., your spouse or ex-partner in a divorce or custody case, or any other party involved in a parenting plan or support issue). If you are unsure, include the names so we can check for any potential conflicts of interest.

Adverse Party Name(s): _____

Adverse Party Address: _____

Adverse Party Phone No.: _____ **Adverse Party Soc. Sec. No.:** _____

Adverse Party Email: _____ **DOB:** _____

Adverse Party Drivers Lic. No. : _____

HOW DID YOU PAY FOR YOUR CONSULT TODAY? Check Cash MasterCard/Visa/Discover

