Client Intake Form Law Office of Daniel S. Wassmer

[Complete and Take to Your First Appointment]

Name:		-
Address:		
Phone #'s We May Use for Legal Contact: Email Address:	(H)(W)(C)	_
Occupation:		_
Social Security Number:		
Referred By:	_	
<u>Office</u>	e Use Only	
Matter Type:	Opposing Party	
Background:		
		Party sought Other Counsel
	etainer Letter Sent	Letter Advising No Representation
Party N/SCo	onflict Matter _	Referred to: