

Cross Law Firm, S.C.
NEW CLIENT INTAKE FORM

DATE _____

NAME _____
ADDRESS _____
CITY _____ **STATE** _____ **ZIP** _____
HOME PHONE _____ **OTHER PHONE** _____
EMAIL ADDRESS: _____
Any special phone instructions _____

FOR EMPLOYMENT MATTERS:
Employer _____
Position _____ **Date of Hire** _____
Date of Termination/Discharge or other action _____
If on light duty restrictions, was injury work related () Yes () No

BASIC FACTS (including why action was taken and what Employer would give as a reason):

Status of any pending complaint or grievance _____
Employment Contract? () Yes () No
Union Involved? () Yes () No

FOR SMALL BUSIENSS REPRESENTATION:

Name of Busienss: _____

Objective & Need for Legal Representation:

