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Client Intake Sheet

New Client: Prior Client:
 File Number: _____ Date Form Completed: _____

Client Information

Name: _____ S.S.#: _____
 Address: _____

Home Telephone: _____ Work Telephone: _____

Employer Name: _____

Employer Address: _____

Emergency Contact(s): (Name) (Relationship) (Telephone)

Marital Status: Single Married Divorced Separated

Case Name/ Number: _____ Area Of Law: _____

Originating Attorney: _____

Assigned Attorney(s): _____

Spouse Information

Name: _____ S.S.#: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

Employer Name: _____

Employer Address: _____

Referred By: Client Attorney Other _____

Questions for the Attorney:

FOR OFFICE USE ONLY

Initial And Date The Following Items When Completed:

Conflict Check: _____ Fee Agreement: _____
 Engagement Letter: _____ Docket Entered: _____
 Statute Of Limitations/Time Deadline: _____