

A FULL SERVICE LAW FIRM



410-814-7573;





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300 E. Lombard St. 8th Floor Baltimore, Maryland 21202 U.S.A



www.nakalaw.net

Client Intake Sheet

onal Information:				
Name:				
OOB:				
SS#:				
Address:			·	
Oriver's License Number:				
Phone Number:				
Work Phone:				
Employer:				
Occupation:				
Address of Employer:				
al Problem:				
Briefly describe why you	re seeking our leg	al services:		
				

Were there any witnesses of the event: Y or N If yes, please fill out the following

A. Witness #1:

	Name:	
	PhoneNumber:	
	Address:	
D	Witness #2:	
Б.	Withess #2.	
	Name: Relationship:	
	PhoneNumber:	
	Address:	
	ave you ever been a part of any legal proceedings prior (List all prior crimin	
	iefly describe each event and provide the court in which the suit was filed,	the case number and the fina
ou	itcome):	
A		
В		
Missal	llene ever	
viiscei	llaneous:	
Но	ow did you hear about our firm:	
lf r	referred, who referred you:	
If t	through an advertisement, which one (i.e. yellow pages, newspaper, etc.)	
		
Attorn	ney Notes:	