



DAVID LEE WELLS LAW OFFICE

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GENERAL INTAKE SHEET and EMPLOYMENT CONTRACT

The following information will be needed by your attorney in order to properly advise you and handle your case. Please *print* and fill out every applicable question. If a question is not applicable, please write N/A in the space. DO NOT LEAVE BLANKS. **This information will help us help you.**

DATE: _____ NEW CLIENT: PRESENT CLIENT:

HOW DID YOU FIND OUR OFFICE? WALK IN INTERNET REFERRED BY: _____

NAME: _____ **ADDRESS:** _____

SSN: _____ DOB: _____ WHERE WERE YOU BORN? _____ U.S. Citizen? Yes No

SPOUSE: _____ WHERE WERE THEY BORN? _____ U.S. Citizen? Yes No

EMPLOYER: _____ **ADRESS:** _____

Notice: Fax, Cellular phone and e-mail communications are not secure. By providing our office the email address, fax number or cellular number is consent for us to use that conduit to contact you. You will need to provide an emergency contact number where we may leave a message for you.

CELL PHONE: () _____ HOME PHONE: () _____

BUSINESS PHONE: () _____ FAX LINE:() _____

EMAIL: _____ EMERGENCY CONTACT: _____

NOTICE: David Lee Wells does not give immigration advice or tax advice. You must discuss those issues with a specialized attorney. If you are not a United States Citizen and plead guilty or are found guilty of a crime, abuse, protective order and/or for other reasons you may be deported.

NATURE OF MATTER (please briefly describe the reason for your visit):

OPPOSING PARTY: _____ ADDRESS _____ PHONE NO.: _____

OPPOSING LAWYER: _____ ADDRESS _____ PHONE NO.: _____

OPPOSING INSURANCE COMPANY: _____ PHONE NO.: _____

ADDRESS: _____ **ADJUSTOR:** _____

FILE DESTRUCTION POLICY: The attorney will retain the paperwork generated on a legal matter for one (1) year after the conclusion of the legal matter in storage. After one (1) year, unless you instruct my office otherwise, in writing, to the contrary we have the authority to destroy the file including your original documents without further notice to the client. The client should obtain all documents the client desires from the file at the time of the conclusion of the matter, and no later than three (3) month after the file is closed.

I have read and understand the above and foregoing and the information I have provided is true and accurate to the best of my knowledge and belief and I am only seeking advice on the matter and/or matter(s) I have listed above.

SIGNATURE _____ **DATE** _____

DO NOT WRITE BEYOND THIS POINT - ATTORNEY USE ONLY

EMPLOYMENT ARRANGEMENT:

HOURLY: \$ _____ ATTORNEY PER HOUR \$ _____ PARALEGAL \$ _____ LEGAL ASSISTANT

CONTINGENCY OF: _____ CLIENT PAYS COSTS AND EXPENSES
IF ATTORNEY FEES, EXPENSES, OR ADDITIONAL ADVANCES ARE NOT PAID WHEN BILLED, CLIENT AGREES THAT THE ATTORNEY MAY **WITHDRAWAL** AND DO NO ADDITIONAL WORK IN THIS MATER. THE CLIENT CONCENTS TO HIS WITHDRAWAL.

ADVANCES REQUIRED: NEW GENERAL RETAINER: \$ _____ OPENING ADVANCE OF:
\$ _____

DATE: _____ CLIENT SIGNATURE: _____

ATTORNEY SIGNATURE: _____

BILLING INSTRUCTIONS FOR THE BOOKKEEPER:

FEE: MONTHLY UPON CONCLUSION OTHER

DISBURSE: MONTHLY UPON CONCLUSION OTHER

FILES

AREA OF PRACTICE: _____

OPEN NEW FILE FILE NAME _____

INCLUDE IN EXISTING FILE

NO FILE – PLACE IN MISCELLANEOUS CONSULT FILE

AMOUNT INVOLVED: _____

FILES CHECKED FOR CONFLICT OF INTEREST BY: _____ DATE _____

STATUTE OF LIMITATIONS: _____ OPENED BY: _____

