

Intake Information Sheet

Contact Date: _____
Contacted By: _____
Role: Attorney: _____ Party: _____
 Other: _____
Completion
Deadline: _____
Mediation Date: _____

MATTER INFORMATION

Case Name: _____
Court: _____
Case No.: _____
Date Filed: _____
Trial Date: _____
No. of Parties: _____
Plaintiff(s): _____

Defendant(s): _____

X-Claimant(s): _____

X-Defendant(s): _____

Nature of Dispute: _____

Amount in Issue: _____

Other Attendees: _____

ATTORNEY INFORMATION

Attorney(s):

Assistant:

Firm:

Address:

Phone:

Cell:

Fax:

Email:

Email:

Email:

Representing:

Attorney(s):

Assistant:

Firm:

Address:

Phone:

Cell:

Fax:

Email:

Email:

Email:

Representing:

Attorney(s):

Assistant:

Firm:

Address:

Phone:

Cell:

Fax:

Email:

Email:

Email:

Representing: