



Intake Form

Date: ____/____/____

Name: _____
(Last) (First) (Middle Initial)

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone: _____
(Home) (Work) (Cell)

Brief Description of Matter: _____

SSN: ____-____-____

DOB: ____/____/____

Spouse Name: _____ SSN: _____ DOB: _____

It is office policy to add an interest of 1.5% per month on all accounts that are past due for more than thirty (30) days. The undersigned hereby acknowledges this fact and consents to have such interest added to any bills past due.

Client Signature

For Office Use

Matter Involved: _____

Existing Client: ☐ New Client: ☐ Referred by: _____

Retainer Tendered: ☐ Amount: \$ _____

Other Information: _____

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