

# JACQUELYN S. GONZ

*Attorney at Law, LLC*

\*Licensed in Missouri and Kentucky\*

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\*Please send all correspondence to the Ste. Genevieve Office

## INTAKE FORM

DATE: \_\_\_\_\_

The purpose of an initial consultation is for the attorney to advise you, the prospective client, what if any, may be done for you, and what the minimum fee therefor will be. The purpose is not to render a definitive legal opinion as it may be impossible to fully assess a matter within the time frame allowed for a consultation or with the (information or documents) that you may be able to provide at the initial consultation.

One of three outcomes is possible following your consultation:

- a. You and the attorney mutually agree to the terms of representation, after a separate documents called a Fee Agreement is signed a copy will be provided to you;
- b. The Attorney declines representation; or
- c. You decide not to use the services of the attorney.

### Client Contact Information

Name (First, Middle, Last, Maiden): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ [ ] Cell [ ] Home [ ] Other \_\_\_\_\_

Secondary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ [ ] Cell [ ] Home [ ] Other \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Highest Grade of Education: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Miscellaneous

Briefly describe the type of legal matter for which you are seeking consultation:

\_\_\_\_\_

Have you met with Jackie prior to this visit? \_\_\_\_\_

How did you hear about our law firm? \_\_\_\_\_

May we put you on Jackie's mailing list for occasional emails regarding issues of law?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Where are you currently employed? \_\_\_\_\_

May we contact you there? \_\_\_\_\_

If your mail is returned as undeliverable or telephone service terminated, please provide the name of someone (friend or relative) you believe will always know how to contact you.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. (\_\_\_\_\_) \_\_\_\_\_

**Opposing Party**

Name: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

**Related Parties (Screen for Potential Conflicts of Interest)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

- NOTICE:**
1. All bills are due payable in full by the 10<sup>th</sup> of each month unless there is a written agreement otherwise.
  2. If you do not show for an appointment or reschedule within 48 hours of the appointment, you will be charged for the time of the appointment.
  3. All initial retainers are non-refundable regardless of time spent on the case.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature