**A. Derek Roberson, Esq.**

**Sheila R. Benninger, Esq.**

**Stuart A. West, Esq. Bryan D. Ragan, Admin. Asst.**

**Client Intake Sheet**

|  |  |
| --- | --- |
| Full NameSpouse’s Full Name |  |
| Home AddressCity, State, Zip |  |
| Home PhoneMobile Phone(s)Email Address(es) |  |
| Company NameAddressCity, State, ZipCompany Phone Fax |  |
| Spouse’s Company NameAddressCity, State, Zip |  |
| General Nature of Your Matter or Case |  |
| Names of “Adverse” or “Opposing” Parties Connected with Your Case or Matter, If Any |  |
| Attorney(s) for Any Adverse Parties if Known |  |
| How Did You Learn About Us? |  |
| Preferred Method of Receiving Invoices (Mail or Email)? If Email, Preferred Email Address? |  |