



**CLONINGER
BARBOUR
SEARSON
JONES**
Attorneys

Potential client Intake Information*

COMMERCIAL LITIGATION

Name: _____ **Date of Birth:** _____

Address: _____

City

State

Zip Code

Home phone: _____

Work phone: _____

Cell phone: _____

Email address: _____

Date of Incident: _____

Other: _____

Briefly describe the reason you are seeking legal counsel:

Other Parties: _____

*NO ATTORNEY-CLIENT RELATIONSHIP OCCURS UNTIL YOU MEET WITH A LAWYER