



**CLONINGER  
BARBOUR  
SEARSON  
JONES**  
*Attorneys*

**Potential client Intake Information\***

**Circle one:** Personal Injury      Wrongful Death      Medical Malpractice

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

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

\_\_\_\_\_

City

State

Zip Code

**Home phone:** \_\_\_\_\_

**Work phone:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Date of Incident:** \_\_\_\_\_

**Medical expenses: \$** \_\_\_\_\_

**Lost Wages: \$** \_\_\_\_\_

**Other:** \_\_\_\_\_

**Briefly describe the reason you are seeking legal counsel:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other Parties:** \_\_\_\_\_

**Insurance Carrier for other party, if known:** \_\_\_\_\_

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